

APPLICATION FOR EMPLOYMENT

Last Name		First Name		M.]	Ι.		
Present Mailing Address	City, State, Z	ip	Home Phone	No. W	ork Phone No.		
E-Mail Address							
Position for which you are a	pplying:						
How did you learn of this po	osition?						
1. Are you currently empl	oved?				Yes	☐ No	
2. May we contact your pr					Yes	☐ No	
If required for position,If yes, what state andExpiration date:	and license number				Yes	☐ No	
4. Has your driver's licens		— or revoked in the la	ast five vears?	•	Yes	No	
5. Are you legally eligible (Proof of citizenship or	for employment in t	he United States?			Yes	No	
6. Within the past five ye	-			•			
criminal offense? If yes, please explain	ars, nave you been	charged, convicted	i or released i	rom prison for any	Yes	□ No	
A conviction will not necess determined based on the qualifications, and whether	nature and frequent the individual has be	ncy of criminal a een rehabilitated.	ct, time elap	sed since conviction	on, nature of	employi	
7. CIRI Shareholders are descendant or family n		ged to apply. Ar	e you a CIR	I shareholder,	Yes	⊔ No	
EDUCATION							
High School Name – Address							
_							
-	School Name	Address (City	& State)	Course of Study	Degree/Ye	ar Comp	leted
College/University							
College/University							
Other Training/Education							
EMPLOYMENT HISTORY Start with your present or		h resume if all rea	uested inform	ation is provided th	verein		
Employer	last job. May accae	ir resume ii aii req	Title or Posi	•	ici ciri.		
Address			Phone Num				
	Start Date	End		-	/		
Email Address							
Reason for leaving							
Duties							
May we contact this emplo	oyer?				☐ Yes		No
Employer			Title or Pos	ition			
Address			Phone Num	ber			
Supervisor	Start Date	End D	ate	Ending S	alary		
Email Address							
Reason for leaving ———							
Duties May we contact this emplo	over?				Yes		No
1, The contract time ciripi	· , · · ·				<u> </u>		INU



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Employe Address			Title or Position _				
		Start Date		Ending Salary			
		Start Date		Ending Salary			
		1					
Duties							
	contact th	is employer?		•	Yes		No
Employe			Title on Decition	_	-		
Address			Phone Number				
Supervis		Start Date	End Date	Ending Salary			
		· · · · · · · · · · · · · · · · · · ·					
		J					
Duties							
	contact th	is employer?			Yes		No
Employe	er		Title or Position _				
Address	·		Phone Number _				
Supervi	sor	Start Date		_ Ending Salary _			
Email A	ddress:	·					
	for leaving	J					
Duties	contact th						
May we	contact tr	iis employer?			Yes	П	No
REFERE						<u> </u>	
Please p	provide us	with three (3) professional reference	ces.				
1. Na	me	Address		Phone No.			
Tit		Company					
2. Na	me	Address		Phone No.			
Tit	le _	Company					
3. Na	me	Address		Phone No.			
Tit	le	Company					
I unders	stand this	position may be required to submit	to pre-employment and randor	m drug testing.			
T = -1		-tlt -t THE CIRI FOUND	DATION :t will which me	tht -:th T	TUE CIE	NT FOLINII	DATION
		at employment at THE CIRI FOUNI ployment relationship at any time, v		is that either I or	THE CIR	KI FOUNL	DATION CAN
	·	, , , ,	,				
		edge that an offer of employment erience, and other questions contai					
		ents to conduct such an investigati					
employe	er verifica	tions, education verifications, cons	sumer credit reports, criminal	convictions or hist	tory, mo	otor vehi	icle reports,
		ce reports and other reports. I un					
		ation from various Federal, State, a edit, criminal or civil cases, and oth					
files of i	insurance	companies. In addition, if I am ex	pected to drive, I shall submit	a current driver's			
my drivi	ing record	from the appropriate Department o	f Motor Vehicles prior to emplo	yment.			
I certify	the foreg	oing is true and accurate to the best	t of my knowledge. I understa	nd that falsification	of any i	nformati	on provided
in this e	employme	nt application is grounds for rejection	n or immediate dismissal.				
Signatur	re of Appli	cant:	Dat	e:			



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Position open until filled.

The CIRI Foundation

3201 C Street, Suite 506 Anchorage, Alaska 99503 Phone: 907.793.3575 Fax: 907.793.3585

Email: board@thecirifoundation.org

Employment application and complete job description available at www.thecirifoundation.org.

	Authorization for R	elease of Infor	mation	
I understand that my employment with The past employment experience, education, application.				
I, voluntar investigation. Inquiries may be made a verifications, consumer credit reports, criuother reports. I understand that THE CI various Federal, State, and other agencie criminal or civil cases, and other experier companies.	minal convictions or hist RI FOUNDATION and/or es that maintain records	ory, motor vehic its authorized a concerning my	cle reports, social security trace gent(s) may be requesting info past activities relating to my dr	reports and rmation from riving, credit,
I hereby authorize and release, without employees or assigns from any and all clai to THE CIRI FOUNDATION or any authorize	ims, action, suits, agreen			
Note: Before signing this document, read drawing a line through the section.	l it thoroughly and comp	lete all requeste	d information. If not applicable	, indicate by
First Name:	Middle Name		Last Name:	
Date of Birth:				
Driver's License Number:		State:		
Phone:				
Present Address:				
City:	State:		Zip:	
I have read and understand the above	notice.			
Signature:			Date:	
Print Name:			Date:	