

APPLICATION FOR EMPLOYMENT

| Last Name | | First Name | М.: | I. | | | | |
|--|--|--|-------------------------|----------------|-----------------|--|--|--|
| Present Mailing Address | City, State, Z | ip Home Ph | one No. W | ork Phone No. | | | | |
| E-Mail Address | | | | | | | | |
| Position for which you are a | applying: | | | | | | | |
| How did you learn of this po | osition? | | | | | | | |
| | | | | Yee 5 | | | | |
| Are you currently employ May we contact your presented and the second seco | , | | | Yes L Yes T |] No] No | | | |
| 3. If required for position, | , do you have a curre | ent and valid driver's license? er? | | Yes [| | | | |
| • | se been suspended o | or revoked in the last five yea | ars? | Yes | No | | | |
| 5. Are you legally eligible | 5. Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required upon employment.) | | | | | | | |
| 6. Within the past five year criminal offense? If yes, please explain | ars, have you been | charged, convicted or release | ed from prison for any | Yes 🗌 |] _{No} | | | |
| A conviction will not necessarily disqualify you from employment. Upon a finding of a criminal conviction, suitability will be determined based on the nature and frequency of criminal act, time elapsed since conviction, nature of employment, qualifications, and whether the individual has been rehabilitated. | | | | | | | | |
| 7. CIRI Shareholders and descendant or family n | • • | ged to apply. Are you a | CIRI shareholder, | Yes 🗆 |] No | | | |
| EDUCATION | | | | | | | | |
| Llich Cohool Name | | | | | | | | |
| High School Name _ Address | | | | | | | | |
| - | | | | | | | | |
| - | School Name | Address (City & State) | Course of Study | Degree/Year | Completed | | | |
| College/University | | | | | | | | |
| College/University | | | | | | | | |
| Other Training/Education | | | | | | | | |
| EMPLOYMENT HISTORY Start with your present or | | h resume if all requested info | ormation is provided th | nerein. | | | | |
| Employer | | Title or F | osition | | | | | |
| Address | | Phone N | | | | | | |
| | Start Date | End Date | Ending Salary | / | | | | |
| Email Address Reason for leaving | | | | | | | | |
| Duties | | | | | | | | |
| May we contact this emplo | oyer? | | | C Yes | 🗌 No | | | |
| Employer | | Title or | Position | | | | | |
| Address | Address Phone Number | | | | | | | |
| Supervisor | Start Date | End Date | Ending S | alarv | | | | |
| Email Address | | | Linuing 5 | alal y | | | | |
| | | | | alary | | | | |
| | • | | | alary | | | | |



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| - | nployer | | | | | |
|------------|--|--|-----------------------------------|---------------|------|--|
| Sup | ervisor | Start Date | End Date | Ending Salary | | |
| | | | | | | |
| Dut May | ies / we contact th | is employer? | | ☐ Yes | 🗌 No | |
| | | | Title or Position Phone Number | | | |
| | Supervisor Start Date Email Address: | | | | | |
| Rea | son for leaving | J | | | | |
| Dut | ies _ | | | | | |
| May | v we contact th | is employer? | | _ Yes | 🗌 No | |
| Em | ployer | | Title or Position | | | |
| Add | Irocc | | Phone Number | | | |
| Sup | ervisor | Start Date | End Date | Ending Salary | | |
| Ema | pervisor Start Date End Date Ending Salary | | | | | |
| Rea | son for leaving |] | | | | |
| Dut | ies _ | | | | | |
| May | / we contact th | is employer? | | | | |
| | | | | Yes | 🗌 No | |
| | FERENCES | with three (3) professional references | S. | | | |
| 1. | | | | Dhana Na | | |
| 1. | Name Title | Address Company | | Phone No. | | |
| | | | | | | |
| 2. | Name | Address | | Phone No. | | |
| | Title | Company | | | | |
| 3. | Name | | | | | |
| ے. ا | Name Title | Address Company | | Phone No. | | |

I understand this position may be required to submit to pre-employment and random drug testing.

I acknowledge that employment at THE CIRI FOUNDATION is at will, which means that either I or THE CIRI FOUNDATION can terminate the employment relationship at any time, with or without prior notice.

I further acknowledge that an offer of employment will be contingent upon satisfactory results of an investigation of my past employment, experience, and other questions contained in this application. I voluntarily authorize THE CIRI FOUNDATION and/or its authorized agents to conduct such an investigation. Inquiries may be made about me including but not limited to previous employer verifications, education verifications, consumer credit reports, criminal convictions or history, motor vehicle reports, social security trace reports and other reports. I understand that THE CIRI FOUNDATION and/or its authorized agents may be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal or civil cases, and other experiences, and I authorize disclosure of information involving me in the files of insurance companies. In addition, if I am expected to drive, I shall submit a current driver's license along with a copy of my driving record from the appropriate Department of Motor Vehicles prior to employment.

I certify the foregoing is true and accurate to the best of my knowledge. *I* understand that falsification of any information provided in this employment application is grounds for rejection or immediate dismissal.

Signature of Applicant:

Date:



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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: tcfadmin@thecirifoundation.org

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

Authorization for Release of Information

I understand that my employment with THE CIRI FOUNDATION is contingent upon satisfactory results of an investigation of my past employment experience, education, credit history, criminal history, driving record, and other activities referred to in this application.

I _______, voluntarily authorize THE CIRI FOUNDATION and/or its authorized agents to conduct such an investigation. Inquiries may be made about me including but not limited to previous employer verifications, education verifications, consumer credit reports, criminal convictions or history, motor vehicle reports, social security trace reports and other reports. I understand that THE CIRI FOUNDATION and/or its authorized agent(s) may be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal or civil cases, and other experiences, and I authorize disclosure of information involving me in the files of insurance companies.

I hereby authorize and release, without reservation, any party or agency contracted by THE CIRI FOUNDATION and their employees or assigns from any and all claims, action, suits, agreements, or liabilities arising from the release of said information to THE CIRI FOUNDATION or any authorized agent thereof.

Note: Before signing this document, read it thoroughly and complete all requested information. If not applicable, indicate by drawing a line through the section.

| 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: | | | | |