



APPLICATION FOR EMPLOYMENT

Last Name	First Name	M.I.	
Present Mailing Address	City, State, Zip	Home Phone No.	Work Phone No.
E-Mail Address _____			
Position for which you are applying: _____			
How did you learn of this position? _____			

- | | | | |
|--|-----|--------------------------|----|
| 1. Are you currently employed? | Yes | <input type="checkbox"/> | No |
| 2. May we contact your present employer? | Yes | <input type="checkbox"/> | No |
| 3. If required for position, do you have a current and valid driver's license?
If yes, what state and license number? _____
Expiration date: _____ | Yes | <input type="checkbox"/> | No |
| 4. Has your driver's license been suspended or revoked in the last five years? | Yes | | No |
| 5. Are you legally eligible for employment in the United States?
(Proof of citizenship or immigration status will be required upon employment.) | Yes | | No |
| 6. Within the past five years, have you been charged, convicted or released from prison for any criminal offense?
If yes, please explain _____ | Yes | <input type="checkbox"/> | 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 are strongly encouraged to apply. Are you a Ciri shareholder, descendant or family member? | Yes | <input type="checkbox"/> | No |
|---|-----|--------------------------|----|

EDUCATION

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 last job. May attach resume if all requested information is provided therein.

Employer _____	Title or Position _____
Address _____	Phone Number _____
Supervisor _____ Start Date _____	End Date _____ Ending Salary _____
Email Address _____	
Reason for leaving _____	
Duties _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer _____	Title or Position _____
Address _____	Phone Number _____
Supervisor _____ Start Date _____	End Date _____ Ending Salary _____
Email Address _____	
Reason for leaving _____	
Duties _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Employer _____	Title or Position _____
Address _____	Phone Number _____
Supervisor _____	Start Date _____ End Date _____
Ending Salary _____	
Email Address: _____	
Reason for leaving _____	
Duties _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer _____	Title or Position _____
Address _____	Phone Number _____
Supervisor _____	Start Date _____ End Date _____
Ending Salary _____	
Email Address: _____	
Reason for leaving _____	
Duties _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer _____	Title or Position _____
Address _____	Phone Number _____
Supervisor _____	Start Date _____ End Date _____
Ending Salary _____	
Email Address: _____	
Reason for leaving _____	
Duties _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please provide us with three (3) professional references.

1.	Name _____	Address _____	Phone No. _____
	Title _____	Company _____	
2.	Name _____	Address _____	Phone No. _____
	Title _____	Company _____	
3.	Name _____	Address _____	Phone No. _____
	Title _____	Company _____	

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: _____