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 Anchorage, AK 99508
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Employment Application

Employment Desired

Position Title:	Date:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time or Part-Time	Date Available to Start Employment:
Indicate Days and Hours Available:	Salary Desired:
Have you previously applied with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you previously applied, when did you apply?
How did you find out about this career opportunity?	

Personal Information

Name: First Name	Last Name	Middle Name
Mailing Address:	City:	State: ZIP Code:
Home Phone:	Message Phone:	
Do you have the right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If employed, can you provide proof that you can work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Email _____

Education

Name	Location (City, State)	Graduated	If No, Number of Years Completed	Subjects Studied/ Degree Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade, Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Skills/Training

List any special skills, education, qualifications, certifications or experiences that would be applicable:
Activities:

Ten Year Employment History

From (Month/Year) To Month/Year)	Employer's Name, Address and Phone Number:	
<input type="checkbox"/> Full-Time # of Hrs/Wk _____ <input type="checkbox"/> Part-Time # of Hrs/Wk _____	Position:	
Last Salary:	Reason for Leaving:	
Supervisor's Name	Name you worked under? Same <input type="checkbox"/> Other:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

From (Month/Year) To Month/Year)	Employer's Name, Address and Phone Number:	
<input type="checkbox"/> Full-Time # of Hrs/Wk _____ <input type="checkbox"/> Part-Time # of Hrs/Wk _____	Position:	
Last Salary:	Reason for Leaving:	
Supervisor's Name	Name you worked under? Same <input type="checkbox"/> Other:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

From (Month/Year) To Month/Year)	Employer's Name, Address and Phone Number:	
<input type="checkbox"/> Full-Time # of Hrs/Wk _____ <input type="checkbox"/> Part-Time # of Hrs/Wk _____	Position:	
Last Salary:	Reason for Leaving:	
Supervisor's Name	Name you worked under? Same <input type="checkbox"/> Other:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

From (Month/Year) To Month/Year)	Employer's Name, Address and Phone Number:	
<input type="checkbox"/> Full-Time # of Hrs/Wk _____ <input type="checkbox"/> Part-Time # of Hrs/Wk _____	Position:	
Last Salary:	Reason for Leaving:	
Supervisor's Name	Name you worked under? Same <input type="checkbox"/> Other:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

1.) Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?
3.) Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?
4.) Have you ever been convicted of any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.
(Note: A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense, as well as any rehabilitation will be considered).
5.) Do you have any prior medical issues that would inhibit you from performing the job? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.) Were you ever discharged from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain when, why and from what employer.

References

Name	Business (if applicable)	Type of Reference	Contact Number	Years Acquainted
		<input type="checkbox"/> Professional <input type="checkbox"/> Personal		
		<input type="checkbox"/> Professional <input type="checkbox"/> Personal		
		<input type="checkbox"/> Professional <input type="checkbox"/> Personal		

PLEASE READ CAREFULLY BEFORE SIGNING

In exchange for the consideration of my employment application by Capital Office/workplace design (hereinafter called "the company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall service to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise change in any respect to the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statement contained in my application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give the Company permission to contact schools, previous and current employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I authorize any employer, which I have given permission to contact, to release any information they may have concerning me to the Company. I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information. I understand that information from such a report may be used by the Company in making employment decisions about me.

I also understand that (1) the Company has a drug policy that provides for pre-employment testing as well as random testing after employment; (2) consent to and compliance with such policy is a condition of my employment; (3) continued employment is based on the successful passing of job-related physical examinations. The Company drug policy includes marijuana in its prohibition of use.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information about me. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that qualified applicants receive consideration for employment without discrimination because of race, sex, marital status, color, creed, national origin, age, presence of non-job related disability, or other criteria prohibited by law. I also understand that all offers of employment are conditional on verification of eligibility to work in the United States.

Applicant's Signature:	Date:
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Capital Office is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, sex, marital status, color, creed, national origin, age, presence of non-job related disability, or other criteria prohibited by law. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application and for your interest in our business