



environmental research & services

P.O. Box 80410, Fairbanks, AK 99708
907-455-6777, FAX 907-455-6781

APPLICATION FOR EMPLOYMENT

Please Print

NAME: _____ POSITION APPLIED FOR: _____
Last First M.I.

SOCIAL SECURITY: _____ ADDRESS: _____
Street or P.O. Box

CITIZENSHIP: _____
City State ZIP

TELEPHONE (Home): _____ (Message): _____ e-mail: _____

Are you legally eligible for employment in this country?
(proof of U.S. citizenship or immigration status will be required for employment)
 YES NO

Have you ever been convicted of a felony?
 YES NO

Do you possess a valid Alaska Driver's License?
 YES NO

If yes, explain: _____

Are you 18 or older?
 YES NO

How were you referred to ABR?

EMPLOYMENT INTERESTS AND SKILLS

Type of employment desired:
 Permanent Temporary Summer Internship

Date(s) available for work:

Jobs Preferred
Field Work _____ Data Analysis _____ Data Entry _____
Other _____

Specialized Skills, Training or Licenses
Computer Skills _____ Statistical Support _____ Report Writing _____
Other Specialized Skills/Training (eg. Hazwopper, First Aid) _____

EDUCATION

SCHOOL NAME/LOCATION	CIRCLE HIGHEST LEVEL	DID YOU GRADUATE?	COURSE EMPHASIS AND/OR DEGREE CERTIFICATE
High School	9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical School	NA	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College	FR SO JR SR	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Post Graduate	MS PHD	Yes <input type="checkbox"/> No <input type="checkbox"/>	

WORK EXPERIENCE

List your last 4 employers or assignments, starting with the most recent, including military experience.

DATES (Mo/Yr)	EMPLOYER NAME AND ADDRESS	POSITION AND DUTIES
From: _____ To: _____	Supervisor and Phone No.:	
From: _____ To: _____	Supervisor and Phone No.:	
From: _____ To: _____	Supervisor and Phone No.:	
From: _____ To: _____	Supervisor and Phone No.:	

List school, civic, business activities and interests/hobbies.

REFERENCES

Please list 3 persons, preferably advisors or supervisors (and with whom you are not related), who could provide information on your suitability for this position.

NAME	ADDRESS (STREET, CITY, STATE & ZIP)	PHONE	RELATIONSHIP

APPLICANT'S CERTIFICATION AND AGREEMENT (Please read carefully before signing)

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements or omission of facts called for on this application shall be considered cause for cancellation of consideration or dismissal. I give ABR the right to investigate my prior employment and references and to secure additional information about me, if job related. I release ABR, Inc. from any liability that may arise as a result of others providing such information to ABR, Inc.

Applicant's Signature

Date

