



ADAK TELEPHONE UTILITY
 ADAK CABLEVISION
 WINDY CITY BROADBAND
 WINDY CITY CELLULAR

EMPLOYMENT APPLICATION

Adak Eagle Enterprises, LLC
 1410 Rudakof Circle
 Anchorage, AK 99508
 Ph: (907) 222-0844
 Fax: (907) 222-0845

Adak Eagle Enterprises, LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely.

(PLEASE PRINT IN INK)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Alternate Number	
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? YES NO

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES NO

(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES NO

Have you ever applied to AEE before? *(If yes, please give date.)* _____ YES NO

Have you ever worked for AEE before? *(If yes, please give date.)* _____ YES NO

Have you ever been convicted of a felony? *(A conviction will not necessarily disqualify you.)* YES NO

If yes, please explain: _____

Do you have a valid driver's license? *(For driving positions only.)* YES NO

Have you been convicted of any moving violations in the past five years? YES NO

If yes, please explain: _____

Is anyone related to you employed by AEE? YES NO

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES NO

If yes, please explain. _____

On what date would you be available to work? _____

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES NO

Please give dates and explanation:

EMPLOYMENT HISTORY (Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at AEE.)

Company Name	Employment Dates From To	Salary Start End \$ S	Name and Title of Supervisor
Address			
Phone	Describe your duties:		
Reason for leaving and explanation			

May we contact your current employer? YES NO

Company Name	Employment Dates From To	Salary Start End \$ S	Name and Title of Supervisor
Address			
Phone	Describe your duties:		
Reason for leaving and explanation			

Company Name	Employment Dates	Salary	Name and Title of Supervisor
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	From	To	Start	End	
			\$	S	
Address					
	Describe your duties:				
Phone					
Reason for leaving and explanation					

Company Name	Employment Dates	Salary	End	Name and Title of Supervisor
	From	To	Start	
			\$	S
Address				
	Describe your duties:			
Phone				
Reason for leaving and explanation				

Company Name	Employment Dates	Salary	End	Name and Title of Supervisor
	From	To	Start	
			\$	S
Address				
	Describe your duties:			
Phone				
Reason for leaving and explanation				

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship/ Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by AEE that such employment with AEE is "employment at will", for no specified duration and may be terminated by either AEE or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of AEE or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with AEE, if employed, I agree to conform to the rules, regulations, policies and procedures of AEE at all times and understand that such obedience is a condition of employment. I understand that due to the nature of AEE business, attendance and punctuality are considered essential requirements of every job at AEE and that poor attendance or tardiness will result in disciplinary action which may include in termination.

I understand that the employer will thoroughly investigate my work, and verify all data given on this application, on related papers, and in interviews.

I understand that AEE has drug and alcohol testing. I authorize all individuals, schools, and firms named therein (except my current employer if so noted) to provide any information requested about me, and release them from all liability for providing this information.

I understand this application will be active for a period of 60 days; if after the 60 days I wish to be considered for employment again, I must submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

AEE IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.