

NORTH END FERRY AUTHORITY

An Alaska Municipal Port Authority
dba. Rainforest Islands Ferry



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

110 NW Stikine Way, P.O. Box 18071, Coffman Cove, Alaska 99918 | Tel. (907) 329-2031 | www.rainforestislandsferry.com

Personal Information

| | | | |
|-------------------------|---------------------|---------------------|----------|
| NAME (LAST NAME, FIRST) | | SOCIAL SECURITY NO. | |
| CURRENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NO. | SECONDARY PHONE NO. | REFERRED BY | |

Employment Desired

| | | |
|---|--|----------------|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE | WHEN |

Education History

| | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---|---------------------------|----------------|------------------|------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL | | | | |

General Information

| | |
|--|------|
| SUBJECT OF SPECIAL STUDY/RESEARCH WORK | |
| SPECIAL TRAINING | |
| SPECIAL SKILLS | |
| U.S. MILITARY SERVICE OR NAVAL SERVICE | RANK |

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE/MONTH/YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|-----------------|----------------------------|--------|----------|--------------------|
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |
| FROM TO | | | | |

CONTINUED ON NEXT SIDE

References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.)

| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|------|---------|----------|-------------|
| | | | |
| | | | |
| | | | |

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment, if such reports are required. I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to those reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

DATE

SIGNATURE

----- *Do Not Write Below This Line* -----

DATE

INTERVIEWED BY

Remarks

| | | | | |
|-------------|-----------|-----------|-------------|--------------|
| | | | | |
| NEATNESS | | CHARACTER | | |
| PERSONALITY | | ABILITY | | |
| HIRED | FOR DEPT. | POSITION | WILL REPORT | SALARY WAGES |
| | | | | |