



PGC

Port Graham Corporation

Applicants will receive consideration without regard to race, color, religion, creed, gender, national origin, age, disability, or marital or veteran status.

Date of Application: _____

APPLICATION FOR EMPLOYMENT

LAST NAME		FIRST	MIDDLE	OTHER NAMES USED IN EMPLOYMENT	
MAILING ADDRESS			CITY	STATE	ZIP CODE
HOME TELEPHONE		CELL TELEPHONE		BUSINESS/MESSAGE TELEPHONE	
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO			E-MAIL ADDRESS		
POSITION(S) DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY HOURS DESIRED:				RATE OF PAY DESIRED	
TYPE OF WORK DESIRED				AVAILABLE START DATE	
PLEASE GIVE SPECIAL SKILLS OR TRAINING THAT MAKE YOU QUALIFIED FOR THIS (THESE) POSITION(S).					
PROFESSIONAL LICENSES, CERTIFICATES OR REGISTRATION				ARE YOU 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE DID YOU HEAR ABOUT OUR COMPANY?			(NEWSPAPER, AGENCY, CURRENT EMPLOYEE, ETC?)		
WERE YOU PREVIOUSLY EMPLOYED BY PORT GRAHAM CORPORATION (PGC) OR ITS SUBSIDIARIES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME(S) OF RELATIVE(S) NOW EMPLOYED OR SERVING AS BOARD MEMBERS WITH PGC OR ITS SUBSIDIARIES:					

EDUCATION

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE ?	DEGREE / DIPLOMA
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE (Undergraduate)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE (Graduate)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (Specify)				<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYEE WORK HISTORY

Start with present or most recent employer. Please give accurate, complete full-time and part-time employment. Include any job-related military service and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. Additional pages may be used if needed. **DO NOT WRITE "SEE RESUME."**

PRESENT OR LAST COMPANY NAME		TELEPHONE ()
ADDRESS		DATE OF EMPLOYMENT FROM: <u> </u> (mo) <u> </u> (yr) TO: <u> </u> (mo) <u> </u> (yr)
JOB TITLE	SUPERVISOR'S NAME & TELEPHONE NUMBER	RATE OF PAY START: - FINAL: -
BRIEFLY DESCRIBE YOUR DUTIES		REASON FOR LEAVING
COMPANY NAME		TELEPHONE ()
ADDRESS		DATE OF EMPLOYMENT FROM: <u> </u> (mo) <u> </u> (yr) TO: <u> </u> (mo) <u> </u> (yr)
JOB TITLE	SUPERVISOR'S NAME & TELEPHONE NUMBER	RATE OF PAY START: - FINAL: -
BRIEFLY DESCRIBE YOUR DUTIES		REASON FOR LEAVING
COMPANY NAME		TELEPHONE ()
ADDRESS		DATE OF EMPLOYMENT FROM: <u> </u> (mo) <u> </u> (yr) TO: <u> </u> (mo) <u> </u> (yr)
JOB TITLE	SUPERVISOR'S NAME & TELEPHONE NUMBER	RATE OF PAY START: - FINAL: -
BRIEFLY DESCRIBE YOUR DUTIES		REASON FOR LEAVING
COMPANY NAME		TELEPHONE ()
ADDRESS		DATE OF EMPLOYMENT FROM: <u> </u> (mo) <u> </u> (yr) TO: <u> </u> (mo) <u> </u> (yr)
JOB TITLE	SUPERVISOR'S NAME & TELEPHONE NUMBER	RATE OF PAY START: - FINAL: -
BRIEFLY DESCRIBE YOUR DUTIES		REASON FOR LEAVING

<i>We may contact the preceding list of employers unless you indicate those you do not want us to contact.</i>	
Do Not Contact:	Reason
*Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
*Have you ever been convicted of a misdemeanor other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
*Have you ever had your drivers license suspended or revoked as a result of moving violation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.	
<i>*Information supplied on conviction record will not necessarily bar applicant from consideration for employment. Nature of, reason for, and time elapsed since conviction will be reviewed in light of the <u>duties of the job sought</u>.</i>	
Are you a shareholder in a Native corporation? <i>(The answer to this question is optional.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one(s)?	

Any ideas, invention or improvement made or conceived by me during any employment resulting from this application to Port Graham Corporation, including its subsidiaries *(all hereafter called Corporation)* relating to the Corporation activities, or work I perform for the Corporation, shall be the sole property of the Corporation and I will execute all papers necessary to vest title thereto in the Corporation or its nominee(s) in the United States and foreign countries.

The information that is provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This authorization includes permission to check employment references.

I understand that acceptance of an offer of employment does not create a contractual obligation or permanent employment upon the Corporation. Employment may be terminated at any time at the option of the employee or the Corporation.

To comply with the Drug Free Workplace Act of 1988, some employees are required to participate in an education and awareness program. Employees working on specific U.S. Government contracts or contracts regulated by the U.S. Government are affected. It may be necessary for you to submit to drug testing.

APPLICANT SIGNATURE

DATE