

**Doyon's Family of Companies
Employment Pool Application**

1 Doyon Place, Suite 300
Fairbanks, AK 99701
Phone (907) 459-2000 Toll Free 1-888-478-4755



Date of Application: ___/___/___

Position Applying For: (1st Choice) _____
Position Applying For: (2nd Choice) _____
Position Applying For: (3rd Choice) _____

Doyon's Family of Companies

New Application () Updated Application ()

Personal Information

Last Name:	First Name:	Middle Name:	Suffix:
Social Security #		Home Phone #:	
Cell Phone #:	Message Phone:	Email Address:	
Mailing Address:	City:	State:	Zip:

Are you a Doyon, Limited Shareholder? () Yes () No

Are you Alaska Native? () Yes () No Which Regional Corporation: _____

Working Considerations

- 1 Are you legally entitled to work in the United States? () Yes () No
- 2 Do you have a valid driver's license? () Yes () No Has your drivers license ever been suspended or revoked? () Yes () No
If yes, explain when and why? _____
- 3 Are you an Alaska resident? () Yes () No
- 4 Are you currently working? () Yes () No
- 5 May we contact your present employer? () Yes () No
- 6 Are you available to work: () Full Time () Temporary () Summers Only () Remote Site () Fill-In
Date you can start: _____
- 7 Do you have a location preference where you would like to work? If yes, please indicate: _____
- 8 Have you ever worked for the Doyon Family of Companies before? () Yes () No
If yes, please list Company: _____ Position: _____
- 9 Do you have any immediate relatives working within the Doyon Family of Companies?
If yes, please list: Relative _____ Position _____ Company _____
- 10 Do you have any remote site work experience? If yes, where: _____

Military Service

List duties in the military, including school/training. (i.e. law enforcement exp.; food service, supervisory exp., etc.)

Educational Information/Training

	Elementary School	High School	College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study Diploma/Degree				

Educational Information/Training (continued)

Skill	Description	Years
Describe any specialized training, apprenticeships, volunteer work or extra-curricular activities.		
Describe any honors you have received.		
State any additional information you feel may be helpful to us in considering your application.		

Preference will be given to Doyon shareholders and Alaska Natives in accordance with Title 43 U.S. Code 1626(g) and Title 42 U.S. Code 2000e-2(i).

Employment History

EMPLOYER NAME	JOB TITLE		Please Include Month, Date, Year DATES EMPLOYED FROM TO
ADDRESS	PHONE NUMBER ()		Month/Day/Year Month/Day/Year
POSITION DESCRIPTION	BEGINNING WAGE	ENDING WAGE	SUPERVISOR
REASON FOR LEAVING:			
EMPLOYER NAME	JOB TITLE		Please Include Month, Date, Year DATES EMPLOYED FROM TO
ADDRESS	PHONE NUMBER ()		Month/Day/Year Month/Day/Year
POSITION DESCRIPTION	BEGINNING WAGE	ENDING WAGE	SUPERVISOR
REASON FOR LEAVING:			
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REASON FOR LEAVING:			
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POSITION DESCRIPTION	BEGINNING WAGE	ENDING WAGE	SUPERVISOR
REASON FOR LEAVING:			

Employment History (continued)

EMPLOYER NAME	JOB TITLE	Please Include Month, Date, Year DATES EMPLOYED FROM TO	
ADDRESS	PHONE NUMBER ()	Month/Day/Year Month/Day/Year	
POSITION DESCRIPTION	BEGINNING WAGE	ENDING WAGE	SUPERVISOR
REASON FOR LEAVING:			
EMPLOYER NAME	JOB TITLE	Please Include Month, Date, Year DATES EMPLOYED FROM TO	
ADDRESS	PHONE NUMBER ()	Month/Day/Year Month/Day/Year	
POSITION DESCRIPTION	BEGINNING WAGE	ENDING WAGE	SUPERVISOR
REASON FOR LEAVING:			
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ADDRESS	PHONE NUMBER ()	Month/Day/Year Month/Day/Year	
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REASON FOR LEAVING:			
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ADDRESS	PHONE NUMBER ()	Month/Day/Year Month/Day/Year	
POSITION DESCRIPTION	BEGINNING WAGE	ENDING WAGE	SUPERVISOR
REASON FOR LEAVING:			

Licenses/Certificates

Do you have a NSTC (North Slope Training Card)? Yes No

Do you have a current First Aid/CPR Card? Yes No

Do you have a current Alyeska Pipeline Badge Card? Yes No

Do you have a Valid CDL (Commercial Drivers License)? Yes No

CDL Class: _____ **Endorsements:** _____

List professional licenses, certificates and/or registrations that would be pertinent to the job for which you are applying:

Machinery Use/Repair

List the machinery or equipment, specific to this position, that you are qualified to:

Operate _____ Repair _____

Additional Qualifications

In addition to your work history, what other experience, skills or qualifications do you have which especially prepare you for the position for which you are applying? (You may omit any information that discloses your sex, race, national origin, age, or disability).

Personal Data

Have you ever been convicted of a felony, misdemeanor or other offense other than a minor traffic violation? If so, Explain: _____ Yes No

A conviction will not necessarily disqualify an applicant from employment.

If you are under 18 years of age, can you provide required proof of your eligibility Yes No

Are you physically or otherwise able to perform the duties of the job for which you are applying? Yes No

Professional References

Please provide contact information for three professional references. (Supervisor/Co-Worker/Teacher/Mentor/Community Leader)

<u>NAME</u>	<u>COMPANY</u>	<u>PHONE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Applicant's Statement (READ CAREFULLY BEFORE SIGNING!)

I certify that the facts described in this Application for Employment are true. I understand that if I am employed, any false statements, omissions or misrepresentations given in my application or interview(s) may result in my dismissal. I understand, also, that I am required to abide by all rules and regulations of the employer. I authorize Doyon, Limited & the Doyon Family of Companies to investigate any of the facts described in this application and I release Doyon, Limited & the Doyon Family of Companies from any liability resulting from such an investigation. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing. I understand that employment, if offered, will be at the will of the Employer and myself and may be terminated for any reason by either party. I also understand that the use of illegal drugs and alcohol is prohibited during employment. I am willing to submit to pre-employment drug and alcohol testing, and agree to random alcohol and drug screening during employment.

Signature: _____

Date: _____

Doyon, Limited and the Doyon Family of Companies
EMPLOYMENT APPLICATION

OPTIONAL/STATISTICAL INFORMATION

The following questions are for statistical purposes only and will not be used as a basis for employment decisions.

Completing this page is completely voluntary. This information will be kept in a separate file, without your name on it.

1 Position for which you are applying: _____

2 Ethnic Origin: Alaska Native Asian or Pacific Inlander
 American Indian Black (Non-Hispanic)
 Hispanic White (Non-Hispanic)
 Other _____

3 Sex: Male
 Female

4 Age: Below 18
 18-39
 40 and above

5 How did you hear of this position?
 Newspaper Employment Service
 Employee Friend/Family
 Website Other

This questionnaire is for statistical purposes only and will be removed from your application before being routed to the hiring manager.