



# Alaska Wildlife Conservation Center Application for Employment

Pre-Employment Questionnaire

- Full-time
- Part-time
- Temporary
- Seasonal

## General Information

Full Name:		Social Security Number:	
Address until	Street or PO Box City State Zip Code	Phone: Cell: E-mail:	
Permanent Address (if different from above)	Street or PO Box City State Zip Code	Phone: Cell: E-mail:	
Are you a citizen of the United States? Yes No		When are you available to start work? If working seasonally, when would you have to leave?	
Have you worked for AWCC before? When?			

## Education

	Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Summarize your special skills or qualifications:

**Work Experience**

Describe all work experience (paid and unpaid) starting with most recent.

Position: _____ City: _____ State: _____ Starting Salary: _____ Ending Salary: _____ Duties: _____ _____ Reason for Leaving: _____	Name of Organization: _____ Starting Salary: _____ Ending Salary: _____	Dates of Employment: From ___/___/___ To ___/___/___ Supervisor: _____ Phone: _____ May we contact this employer for a reference? Yes No
Position: _____ City: _____ State: _____ Starting Salary: _____ Ending Salary: _____ Duties: _____ _____ Reason for Leaving: _____	Name of Organization: _____ Starting Salary: _____ Ending Salary: _____	Dates of Employment: From ___/___/___ To ___/___/___ Supervisor: _____ Phone: _____ May we contact this employer for a reference? Yes No
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I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_