

ALASKA VILLAGE ELECTRIC COOPERATIVE, INC.
4831 Eagle Street
Anchorage, Alaska 99503
Phone 561-1818

STANDARD EMPLOYMENT APPLICATION FORM

Information for Applicants

1. AVEC accepts applications only for open positions. Applications are not maintained on file for future positions once a position applied for has been filled.
2. All candidates must complete an application before a job offer can be made. A resume submitted to AVEC does not constitute an "application for employment." All resumes and other such employment letters will be considered unsolicited mail, except when attached to the completed application form.

Applicant's Statement

I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that, if employed, falsified or misleading statement of this application shall be considered sufficient ground for my dismissal; and that the information in this application may be released in an authorized legal investigation. For the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original.

If the position I am applying for requires a valid Alaska driver's license, I understand that, should my driving record be unacceptable to AVEC's insurance carrier, my employment may be terminated or any offer of employment may be rescinded.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility, using the E-Verify system, for employment in the United States in accordance with the Immigration Reform and Control Act of 1986 and the Department of Homeland Securities' E-Verify program. I further understand my employment is contingent upon successful completion of the employment process which may include but is not limited to reference checks, employment verification, criminal background checks, and drug and alcohol screenings.

I consent to and authorize AVEC, Inc., to request any of the information concerning my previous employment, educational history, character, and background information. I hereby release all parties and person connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such information.

I understand that AVEC requires a post-employment physical examination to ascertain that job applicants have the requisite capabilities for jobs. Employer will, as a condition of processing applicant's employment application, require pre-employment drug screening and alcohol screening. Results of drug screening will be maintained in a confidential file. A condition of employment for any applicant will be urinalysis testing for the presence of controlled substances or alcohol. Any positive test results (other than those prescribed by a doctor and suitably documented) will disqualify the applicant for employment with AVEC. All employees of AVEC participate in the company's ongoing random drug testing program.

I further understand that no employment contract is being offered, that my employment is for no definite period of time, and that AVEC can change wages, benefits, and conditions at any time, and I understand that a condition of employment is the agreement that the policies and benefits of employment may be changed unilaterally and that no vested rights in preexisting rights or benefits shall exist. If I am employed by AVEC, Inc., I agree to the standards of conduct and performance, and the policies of this organization.

I understand that AVEC, Inc., is an at-will employer. In the event of employment, I understand that this means I may terminate my employment at any time, for any reason, or for no reason, and that AVEC, Inc., may terminate my employment at any time, for any reason, or no reason.

Signature of Applicant

Date

An Equal Opportunity Employer

AVEC, Inc., is an Equal Opportunity Employer in accordance with applicable laws prohibiting discrimination on the basis of race, creed, color, religion, national origin, sex, age, disability, marital status, sexual orientation, or political affiliation.

Please type or print clearly and fill out application completely.

Last Name		First		Middle							Date of application
Mailing address						Position Applied For:			Telephone no.		
City		State		ZIP code							Home:
											Other:
How were you referred to AVEC? (Circle only one)	A By your college	B Advertisement	C Employment Agency	D By an employee	If so, give name:	E Military service	F Walk-in	G Resume or letter	H Open house	I Other	

GENERAL INFORMATION

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with AVEC before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give date: _____		
Have you ever been employed with AVEC before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give date: _____		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(Proof of citizenship or immigration status will be required upon employment)</i>		
On what date would you be available for work?		
Are you able to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or a misdemeanor which required imprisonment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(Conviction will not necessarily disqualify an applicant for employment)</i>		
If Yes, please explain: _____		
Can you work overtime if necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related, directly or through marriage, however remotely, to an AVEC employee, or to any member of AVEC's Board of Directors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(AVEC's Anti Nepotism Policy prohibits hiring of any employee's family member for fulltime employment)</i>		
If so, in what way? _____		
Do you have a valid Alaska driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current license number: _____ State: _____		
Have you received a copy of the job description?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been fired, discharged, or asked to resign from any position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain which organization and for what reason: _____		

Are you aware of any reason why you could not perform each and every requirement of the job description in an "above average" manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Educational History

School name	Location (city, state)	Subject of Study	Dates attended		Graduated		Degree Received
			From	To	Yes	No	
High school							
College/Technical School (list all attended)							

Name(s) of Seminars, Vocational/Technical Certifications or Continuing Education Programs: _____

Professional Activities

Professional memberships, certificates, or licenses held:

Office Skills

Software Programs: (check competency level for each)

	No Experience	Beginner	Intermediate	Advanced
Microsoft Outlook				
Microsoft Word				
Microsoft Excel				
Microsoft PowerPoint				
Microsoft Access				
AutoCAD ver _____				
QuickBooks ver _____				
Other: _____				

Experience with:

Scanner _____ yes _____ no
 PBX/Multi Line Phones _____ yes _____ no
 10-Key By Touch _____ yes _____ no

Copier _____ yes _____ no
 Fax Machine _____ yes _____ no

Please list other skills, equipment experience, and/or language skills you have acquired: _____

Machine/Equipment Experience: (list all machines/equipment experience)

Type of Machine(s) Operated	Years of Experience
Example Forklift	10 years

List other shop/productions skills: _____

Served apprenticeship? yes Type of Apprenticeship _____ Dates: _____
 no

Employment Information

Employed From (Month/ Year)	Employed To (Month/ Year)		
Employer	Job Title		
Address	City/State	Zip	Phone
Supervisor	Contact Phone Number		
Beginning Salary	Ending Salary		

Summary of your Duties

Reason for Leaving

Employed From (Month/ Year)	Employed To (Month/ Year)		
Employer	Job Title		
Address	City/State	Zip	Phone
Supervisor	Contact Phone Number		
Beginning Salary	Ending Salary		

Summary of your Duties

Reason for Leaving

Employment Information, continued:

Employed From (Month/ Year)	Employed To (Month/ Year)		
Employer	Job Title		
Address	City/State	Zip	Phone
Supervisor	Contact Phone Number		
Beginning Salary	Ending Salary		

Summary of your Duties

Reason for Leaving

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Employer	Job Title		
Address	City/State	Zip	Phone
Supervisor	Contact Phone Number		
Beginning Salary	Ending Salary		

Summary of your Duties

Reason for Leaving

Employed From (Month/ Year)	Employed To (Month/ Year)		
Employer	Job Title		
Address	City/State	Zip	Phone
Supervisor	Contact Phone Number		
Beginning Salary	Ending Salary		

Summary of your Duties

Reason for Leaving



Affirmative Action

Alaska Village Electric Cooperative Inc. is an Equal Opportunity Employer and does not discriminate in its employment practices with regard to race, color, sex, religion, national origin, age, marital status, changes in marital status, pregnancy or parenthood, mental or physical disability, veteran status, or any other unlawful characteristics or status.

To help us to comply with government record keeping, reporting, and other legal requirements, please complete the affirmative action data below. Providing this information is voluntary, and this form will be kept in a separate file.

Name: _____

Position Applying for: _____

Referral Source: I learned about the job opening through (check appropriate boxes):

- Public Employment Agency
 Media Ad
 Website
 Job Posting
 Private Employment Agency
 Personal Referral
 Walk In
 Other

Non-Disclosure:

_____ I elect not to disclose the following information

Ethnic Category: (choose only one)

_____ White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Black or African American (not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

_____ Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ Asian (not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ Native Hawaiian or other Pacific Islander (not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ American Indian or Alaskan Native (not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ Two or more races (not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Sex: *Female* _____ *Male* _____