

# Kodiak Regional Aquaculture Association



104 Center Ave. Ste 205  
Kodiak, AK 99615  
Phone: 907-486-6555 fax: 907-486-4105

## Employment Application

Position Applying for: \_\_\_\_\_

Location: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MI

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

S S #: \_\_\_\_\_

Are you legally eligible for employment  
in the USA?  yes (verification required)  no

Applicant seeking:  Permanent Position  Temporary Position  Other Explain \_\_\_\_\_

If necessary, are you available to work overtime?  yes  no non-standard hours?  yes  no

Are you able to perform the essential functions of the position with or without accommodations?  yes  no

Are you able to lift 50 lbs repeatedly and carry distances of up to 100 yards?  yes  no

Do you have a valid driver's license?  yes  no Number and State Issued: \_\_\_\_\_

Are you able to provide your own transportation to and from work?  yes  no

If necessary for the position, are you over (check one) \_\_\_\_\_ 16 \_\_\_\_\_ 18 \_\_\_\_\_ 21

I will be able to report to work \_\_\_\_\_ day(s) / week(s) after being notified that I am hired.

Education:	List School and Address	Yrs Completed	Field of Study	Graduate or Degree
High School				
College				
Technical/Trade School				
Other / Military Service				

References: List three references that are not relatives

Name	Address	Phone	Occupation	Years Known

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Name	Address	Phone	Occupation	Years Known

**EMPLOYMENT:** List last employment first. Include summer or temporary jobs. Be sure to include all experience or employers related to this job.  
Attach another sheet if necessary.

Employer Name and Address, including phone	Position Title and Duties Required	Dates Employed	
		From	To
	Supervisors Name: _____ Direct Phone: (if available) _____	Reason for Leaving	

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EMPLOYMENT CONTINUED:

Employer Name and Address, including phone	Position Title and Duties Required	Dates Employed From	To
		Reason for Leaving	
	Supervisors Name:	Direct Phone: (if available)	

Employer Name and Address, including phone	Position Title and Duties Required	Dates Employed From	To
		Reason for Leaving	
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		Reason for Leaving	
	Supervisors Name:	Direct Phone: (if available)	

Types of computers, other electronic or mechanical equipment that you are qualified to operator or repair: \_\_\_\_\_

Professional Licenses, Certifications, or Registrations: \_\_\_\_\_

Additional skills including supervision skills, other languages, or information regarding this position you wish to bring to the employer's attention: (Attach additional sheet if necessary.)

**Information to the applicant:** As part of our procedure for processing your employment application, your personal and employment references will be contacted. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above. To the best of my knowledge, all information on this application is true and verifiable.

Signature of Applicant

Date

Fax application to 907-486-4105; OR email to Tammy Hulsey, Executive Assistant/HR Coordinator, [kraa.trh@gci.net](mailto:kraa.trh@gci.net)

Employer Section: