

Employment Application

Visit Anchorage is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Full Name: Last First M.I.	Applicant Information									
Last First M.I.	Full Name:	Date:								
Street Address Apartment/Unit # City Phone: () E-mail Address: Date Available: Position Applied for. Are you legally eligible for employment in the United States? Are you legally eligible for employment in the United States? Are you used to require to provide documentation to verify eligibility) Have you ever been employed or served as a volunteer at any Visit Anchorage (for any employer) facility of ACVB or Visit Anchorage? Education High School(s): Number of years Other Certification, Education, or Training and Degrees: Other Certification, Education, or Training and Degrees: Degree: Professional License or Memberships Computer Software & Hardware Skills Briefly describe your skills and experience using the following software programs. Word: Excel: PowerPoint: Ossign Address: Desired Salary: State of Alaska License No Desired Salary: State of Are you over 17 years old? YES NO Tyes NO Tyes NO Please Ist relevant professional licenses you currently hold, and memberships in relevant professional organizations. License(s) Held: Expiration Date(s): State of Alaska License Number: Computer Software & Hardware Skills Briefly describe your skills and experience using the following software programs. Word: Excel: PowerPoint: Ossign Apartment/Unit # Desired Salary: State of Alaska License No Ossign Are you over 17 years old? YES NO Poes NO Are you over 17 years old? YES NO Poes NO Are you over 17 years old? YES NO Poes NO Are you over 17 years old? YES NO Are you over 17 years old? YES NO Poes No Osers No Osers No Osers No Osers No Osers No City/State: City/State: City/State: City/State: Did you graduate? Expiration Date(s): State of Alaska License Number of years on the memberships in relevant professional organizations. License(s) Held: Expiration Date(s): State of Alaska License Number of years on the point of years on the yea										
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Position Applied Full Time Part Time Are you over 17 years old? Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify employment, you will be required to provide documentation to verify Have you ever been employed or served as a volunteer at any Usit Anchorage (for any employer) facility of ACVB or Visit Anchorage? If yes, please state name under which you were employed, the employer, and dates of employment: Education High School(s): City/State: Number of years Did you YES NO Degree: G.E.D.: College(s): City/State: Number of years Did you YES NO Degree: Cother Certification, Education, or Training and Degrees: Did you graduate? Degree: Professional License or Membership Please list relevant professional licenses you currently hold, and memberships in relevant professional organizations. License(s) Held: Expiration Date(s): State of Alaska License Number: Professional Memberships: Computer Software & Hardware Skills Briefly describe your skills and experience using the following software programs. Word: Excel: PowerPoint: MS Dynamics Great										
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PowerPoint: Outlook: MS Dynamics Great	Briefly describe your skills and experience using the following software programs.									
MS Dynamics Great	Word: Excel:									
	Simpleview CRM: MS Dynamics Great Plains:									
Other Software Used:	Other Software Used:									

Hardware Used:						
How many words per minute do						
you type?	Previous Employment					
Please list present/most recent employe		sary) including U.S. Military Service, volunteer				
and intern positions if relevant. Do not s	state "see resume."					
Employer:		Phone: ()				
Address:		Supervisor:				
Job Title:	Starting Salary: \$	Ending Salary: \$				
Responsibilities:						
From: To:	Reason for Leaving:					
May we contact your current/previous sureference?						
Employer:		Phone: ()				
Address:		Supervisor:				
Job Title:	Starting Salary: \$	Ending Salary: \$				
	Starting Salary. •	Litulity Salary. •				
Responsibilities:						
From: To:	Reason for Leaving:					
May we contact your previous supervisor	or for a reference?					
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Address:		Supervisor:				
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10.	YES NO					
May we contact your previous supervisor		nation for each position on a separate piece				
of paper.	R experience, attach the above inform	iation for each position on a separate piece				
Explain any gaps in work history:						
Have you ever been discharged or asked to resign from a job?						
If yes, explain:						
7 / 2 F 2	References					
Please list three professional references.						
Full Name: Relationship:						
Company:		Phone: ()				

Address:							
Full Name:	Relationship:						
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Applicant's Ce	ertification and Agre	eement					
The undersigned authorizes Visit Anchorage or its representative to contact the individuals I have identified above as references. I authorize and direct each such reference to disclose to Visit Anchorage any and all information regarding me and/or my employment, including, but not limited to information about my job performance, attitude, skills, personality, character, experience, education, training, duties, wages, attendance, punctuality, discipline, strengths, weaknesses, evaluations, terminations, whether I would be rehired, and all other matters whatsoever regarding me and/or my employment. I hereby release and will hold Visit Anchorage harmless from any and all liability of whatever kind and nature, which at anytime could result from obtaining or using such information for employment decisions.							
I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Visit Anchorage. However, I further understand that neither the policies, rules, or regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Visit Anchorage may terminate my employment at any time with or without notice or cause.							
I understand I may be immediately terminated for false	statements or omiss	sion of facts call	led for o	n this application.			
Signature:		Dat	te:				

This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.