

Alaska Gateway School District

PO Box 226, Tok, AK 99780

Phone: 907-883-5151 Fax: 907-883-5154

Classified Employment Application

The Alaska Gateway School District is an Equal Opportunity Employer

	Position /Site Applying For:							
Applican	t Information							
Full Name:	Last	First		Dat	e:			
Address:	Street Address				Apartment/Unit #			
Phone:	City	F	mail·	State	ZIP Code			
Date Available:	[Do you h	nave a valid Alaska Driver's License? Number:					
Are you a citizen of the United States?		YES	NO	Have you ever changed your name If yes, list all precious names used.				
If no, are authorized to work in the U.S.?		YES	NO	Work Permit/Green Card Number:				
Have you ever been convicted or plead no contest to a misdemeanor or felony of any		YES	NO	If yes, explain:				
kind?		All Volu	unteers	must sign our release for a backg	round check (attached)			
	n (Provide a copy of transcr			a earned)				
Highest Year of High School Completed:		Date l attend		YES NO Did you graduate? ☐ ☐				
0-11/		Diala	egree/ ploma (Year):					
Previous	Employment (Use addition	onal pa	ges as	needed)				
Company:			Phone:	_				
Address:				Supervisor:_				
Job Title:	St	tarting S	alary: <u>\$</u> Ending Sa	lary:				
Responsibili	ties:							
From:	To:			Reason for Leaving:				
May we con	tact your previous supervisor fo	r a refere	ence?	YES NO				

Company:				Phone:			
Address:				Supervisor:			
Job Title:	Starting Salary:			Ending Salary:\$			
Responsibilit	ies:						
From:	To:	To: Reason for Leaving:_					
May we conta	act your previous supervisor for a reference?	YES	NO				
Company:				Phone:			
Address:				Supervisor:			
Job Title:	Starting Salary:			Ending Salary:			
Responsibilit	ies:						
From:	To:	Reason for Leaving:					
May we conta	act your previous supervisor for a reference?	YES	NO				
Military S	Service (Include a copy of your DD214)						
Branch:			From:	To:			
Rank at Disc	harge: Type of Discharge:						
References (Use additional pages as needed)							
Please list three professional or personal references.							
Full Name:			Phone:				
Address:							
Full Name: Address:				Phone:			
Full Name:							
Address:				Phone:			
Disclaime	er and Signature						
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature:				Date:			