

Other

Application for Employment

EMMONAK OFFICE

PO Box 266

ANCHORAGE OFFICE

2909 Arctic Blvd.

Received Date

Emmonak, AK 99581			Anchorage, AK 99503		Hired Date		
Last Name	First	rst Middle			Date		
Mailing Addr	ress					Phone I	Number #1
City State			Zip Code		Phone Number #2		
If you	have a prepaid cell phone with G	CI, please list anot	her contact number as u	was cannot call to	those p	hone from a lan	nd line. Thank you.
We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital or veteran status, gender, or any other legally protected status.							
Position(s) Applied For			Rate of Pay E	expected	ed Date Available for Work		
Can you Work? Full Time Part Time Overtime Weekends Evenings							
Have you worked for Yukon River Towing before? YES NO							
Years Locations Positions							
Check o	ff any specific skills o	r qualificatio	ns you may hav	ve:			
Mechanic - Auto Plumbing Operator - Heavy Equiptment Operator - Crane LCM Capta					LCM Captain		
Mechanic - Diesel Electrical		Opera	Operator/Driver - CDL		Engineering - Refrigeration		LCM Deckhand
Mechanic - Marine Welding		. 0	Operator - Forklift Eng		gineering - Mechanical Q		Quality Control
Carpentry Mill Work Oper		Operator - E	rator - Bobcat/Skidsteer		Oriver - Licensed		Cook
Please list	licenses, certification, or degre	es you may have	9 :				
			EDUCATION				
SCHOOL	SCHOOL NAME AND ADDRESS OF SCHOOL		COURSE OF STUDY	NO OF YRS COMPLETE	NO OF YRS COMPLETED Degree/Diploma/Certification		oloma/Certifications
High						-	
College							

Are you currently enrolled in school and/or are a YDFDA Scholarship Recipient?

YES or NO

PRIOR EMPLOYMENT EXPERIENCE

			PRIOR EIVI	PLOYMENT E	APERIENCE	
	Employer				Employed From	То
	Address				Starting Salary	Ending Salary
1.	Telephone Num	ber(s)			Work Preformed	
	Job Title		Supervisor			
	Reason For Lea	iving	•			
	Employer				Employed From	То
	Address				Starting Salary	Ending Salary
2.	Telephone Num	ber(s)			Work Preformed	
	Job Title		Supervisor			
	Reason For Lea	iving				
	Employer				Employed From	То
	Address				Starting Salary	Ending Salary
3.	Telephone Num	ber(s)			Work Preformed	
	Job Title		Supervisor			
	Reason For Lea	iving				
	If you are applyi	ng for a skilled trade pos	sition, please complete	the following refere	nce information	
Reference Name Company			,	Phone Number		
			EME	RGENCY C	ONTACT	
	#1 Contact	Nama				
	#1 Contact					Work Phone
	#2 Contact					
	"2 Contact					Work Phone
1						

Employee Record

Have you ever been convicted of a misdemeanor in the last three(3) years; or a felony within the last seven (7)
years? If yes, explain (conviction of a misdemeanor or felony is not a necessarily a bar to employment)

CONDITIONS OF EMPLOYMENT

I acknowledge that I have been given a copy of the job description and/or have been notified of essential job duties and functions for the position for which I have applied and confirm that I am able to safely perform the same with or without a reasonable accommodation. I understand that if I believe I need a reasonable accommodation to perform any of the essential job duties or functions of the position that I must request such accommodation before I begin work and/or as soon as I realize that I need one. All requests for accommodation should be directed to the Yukon River Towing Administration.

The undersigned in connection with an application for employment, hereby authorizes Yukon River Towing to investigate my criminal, educational, and employment background. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information they may have on me to Yukon River Towing and/or its authorized vendor or representative. This further releases all parties providing information from any and all liabilities or responsibility for doing so. The Undersigned hereby acknowledges that I have read or have had it read to me and I understand it. A copy of this authorization has the same authority as the original.

The facts set forth in my application for employment are true and complete. I understand that if hired, any false statements on this application shall be considered sufficient cause for dismissal. Additionally, I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between Yukon River Towing and me for either employment or for providing of any benefit. In the event that I am employed by Yukon River Towing, I understand that such employment will be AT WILL and can be terminated at any time, with or without cause, by either me or Yukon River Towing. I also understand that to assure safe operations of Yukon River Towing that I may be required to submit to a drug test before being allowed to work and may be required to submit to random drug testing or reasonable cause while employed by Yukon River Towing.

I understand that while employed at Yukon River Towing, LLC I will be required to abide by its "Zero Tolerance - Anti Drug Policy" which I have been given an opportunity to review. If I fail to do so, I understand that I cam be subject to immediate termination.

If hired, I hereby agree to all terms and conditions as set forth above.		
Printed Name		
Employee Signature	Date	

Account Balance Payment Authorization

Are you a commercial salmon or fresh water permit holds	er?	YES OF INO			
Is your spouse/partner/family member a commercial or fr	YES or NO				
If yes, would you like a percentage of your net pay to go toward paying of with Kwikpak Fisheries? If so, please complete the following information	3	herman account balances			
Permit Holders Name:	Percentage (%):	%			
Permit Holders Name:	Percentage (%):	<u></u> %			
In the event I have a fisherman account balance with Kwikpak, or a loan with Yukon Delta Fisheries Development Association or Yukon Marine Manufacturing LLC, I hereby grant Yukon River Towing the right to offset from the net wages the amount of \$ or (% a minimum of 10%) of such NET wages per pay period until such account is paid in full.					
I agree to a Payroll Deduction in the amount stated above from each of my payroll checks.					
Printed Name					
Signature	Date				