

Application for Employment
Alaska Nature Guides

Alaska Nature Guides
P.O. Box 170
Talkeetna, AK 99676
(907) 733-1237
www.alaskanatureguides.com
email: info@alaskanatureguides.com

Personal Information:

Name: _____

Social Security Number: _____ Email: _____

Street
Address: _____

Physical Address (if
different): _____

Phone Numbers: Home _____ Work: _____ Cellular: _____

Please list any special qualifications or skills you have (additional spoken languages, medical training, licenses, honors, awards, accomplishments, etc.).

How did you find out about this position with Alaska Nature Guides?

Availability:

Our employment season will run from approximately May 20 through September 20.
During this period, what dates will you be available to work? _____

What days of the week are you available to work? _____

Education:

High School: _____ City: _____ State: _____
of years completed: _____ Did you graduate? _____ If so, in what year? _____
College: _____ City: _____ State: _____
Course of Study: _____ # of Years Completed: _____
Did You Graduate? _____ If so, in what year? _____ Degree: _____

Certification in First Aid and CPR are required for this position. Are you currently certified? _____ If no, is a certification course available to you? _____

Employment History:

Please give accurate and complete full-time employment record. Start with present or most recent employer.

Present or Last Position

Company Name: _____ City: _____ State: _____
Company Phone Number: _____
Job Title: _____
Name of Supervisor: _____
Employed (Month and Year) From: _____ To: _____
Weekly Pay: _____
Describe your work:

May we contact this employer? Yes: _____ No: _____
If not, why not?

Reason for leaving: _____

Previous Position

Company Name: _____ City: _____ State: _____

Company Phone Number: _____

Job Title: _____

Name of Supervisor: _____

Employed (Month and Year) From: _____ To: _____

Weekly Pay: _____

Describe your work:

May we contact this employer? Yes: _____ No: _____

If not, why not? _____

Reason for leaving: _____

Previous Position

Company Name: _____ City: _____ State: _____

Company Phone Number: _____

Job Title: _____

Name of Supervisor: _____

Employed (Month and Year) From: _____ To: _____

Weekly Pay: _____

Describe your work:

May we contact this employer? Yes: _____ No: _____

If not, why not?

Reason for leaving:

References:

Please provide three references and their current contact information.

1. Name _____

Address: _____

Phone: _____ What is your relationship with this person? _____

2. Name _____

Address: _____

Phone: _____ What is your relationship with this person? _____

3. Name _____

Address: _____

Phone: _____ What is your relationship with this person? _____

Driving Record:

Have you received any traffic violations in the last 5 years? _____ If yes, please explain:

Have you been in a traffic accident in the last 5 years? _____ If yes, please explain:

Conditions of Employment:

Alaska Nature Guides sets high standards for its employees, and compliance with these standards is a condition of employment. If you are offered a position with ANG, you need to carefully consider what we would require of you before you accept. As an employee, you must do everything you can to assist our customers and fellow workers, including:

- Following our standards of professionalism
- Providing excellent customer service
- Arriving on time
- Maintaining a positive, enthusiastic attitude
- Treating coworkers with respect
- Being honest and dedicated in your work
- Following safety guidelines
- Completing necessary training requirements
- Following company policies and procedures
- Following directions
- Meeting standards of work quality and quantity
- Maintaining a professional appearance and complying with the company dress code
- Accepting a work schedule that may require holiday work

Are you willing and able to comply with all the requirements listed? Yes: _____ No: _____
If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain:

Are you eligible to work in the United States? _____

Agreement of the Transfer of Information:

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment. I authorize you to verify any and all information provided above.

Signature: _____ Date: _____

Printed Name: _____

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment on race, age, color, sex, religion, national origin or other protected classification.