

APPLICATION for EMPLOYMENT



**Effective April 22, 2010, VCRS is proud to be Tobacco-free – no chewing or smoking allowed in buildings or on the grounds **

Position(s) applying for: _____

Are you able to perform the essential functions of the position with or without accommodations: YES / NO

Name: _____ E-mail: _____

Address: _____ Home phone: _____

_____ Cell phone: _____

If the position involves driving, do you have a valid license? YES NO State where issued: _____ Class: _____

If the position involves driving your own vehicle, do you have vehicle insurance coverage? YES NO

Motor Vehicle Record - \$10 charge at Alaska DMV – VCRS will reimburse (need receipt)

Employment History -- Attach separate page if more space is needed

Name of Employer	Dates of Employment	Supervisor's name & phone number	Reason for leaving

Please explain any gaps in employment: _____

Education

	Circle grade completed	Skills/Qualification/Licenses
High School	9 10 11 12	
College	1 2 3 4	
Other (Technical Schooling, etc)		

Do you recycle: YES NO If no, please explain why not: _____

Reason for applying for this position: _____

References

1. _____ *personal*
name daytime phone number
2. _____ *personal*
name daytime phone number
3. _____ *personal*
name daytime phone number