



RIVERBOAT DISCOVERY / GOLD DREDGE 8

1975 Discovery Dr. Fairbanks, AK 99709

PHONE: 907-479-6673



EMPLOYMENT APPLICATION

COMPANY PREFERRED: RIVERBOAT DISCOVERY ___ GOLD DREDGE 8 ___ BOTH ___

NAME _____ PHONE _____

CURRENT ADDRESS _____

PERMANENT ADDRESS _____

EMAIL ADDRESS _____ REFERRED BY _____

FOR OFFICE
USE ONLY:
REC'D BY:

DATE:

19-EF

WE EXCLUSIVELY USE EMAIL TO COMMUNICATE WITH APPLICANTS. PLEASE CHECK YOUR EMAIL OFTEN FOR APPLICATION STATUS UPDATES. DO YOU UNDERSTAND? YES / NO

BIRTH DATE _____ (USED ONLY FOR BACKGROUND CHECKS AND ELIGIBILITY TO SERVE ALCOHOL)

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE # _____ STATE _____

POSITION(S) APPLYING FOR

Our season runs approximately May 10th-Sept 20th. Please list dates you are available to work within our season.

I WILL BE ABLE TO START WORK ON _____ I WILL BE ABLE TO WORK FULL-TIME UNTIL _____

WOULD YOU BE ABLE TO WORK PART-TIME OUTSIDE OF THESE DATES? YES / NO

EDUCATION

HIGH SCHOOL _____ YEAR DIPLOMA RECEIVED/EXPECTED _____

COLLEGE/UNIVERSITY/TECHNICAL/OTHER _____ DEGREE TYPE _____ YEAR DIPLOMA RECEIVED/EXPECTED _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES ___ NO ___
IF NO, EXPLAIN _____

EMPLOYMENT HISTORY

ARE YOU PRESENTLY EMPLOYED? YES ___ NO ___ IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ___ NO ___

LIST LAST EMPLOYMENT FIRST. INCLUDE SUMMER OR TEMPORARY JOBS. USE EXTRA SHEET OF PAPER IF NECESSARY.

EMPLOYER _____

DUTIES:

ADDRESS _____

CITY, STATE ZIP _____

DATES OF EMPLOYMENT: _____ TO _____
(MO/YR) (MO/YR)

PHONE NUMBER _____

REASON FOR LEAVING: _____

DIRECT SUPERVISOR _____

RATE OF PAY: _____

EMPLOYER _____

DUTIES:

ADDRESS _____

CITY, STATE ZIP _____

DATES OF EMPLOYMENT: _____ TO _____
(MO/YR) (MO/YR)

PHONE NUMBER _____

REASON FOR LEAVING: _____

DIRECT SUPERVISOR _____

RATE OF PAY: _____

EMPLOYER _____

DUTIES:

ADDRESS _____

CITY, STATE ZIP _____

DATES OF EMPLOYMENT: _____ TO _____
(MO/YR) (MO/YR)

PHONE NUMBER _____

REASON FOR LEAVING: _____

DIRECT SUPERVISOR _____

RATE OF PAY: _____

PROFESSIONAL EXPERIENCE, SPECIAL SKILLS, LICENSES OR CERTIFICATIONS (PLEASE CHECK ALL THAT APPLY)

- | | | |
|--|--|---|
| <input type="checkbox"/> GRAPHIC DESIGN | <input type="checkbox"/> CDL | <input type="checkbox"/> LANGUAGE (FLUENT) |
| <input type="checkbox"/> INFORMATION TECHNOLOGY | <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> EQUIPMENT OPERATION |
| <input type="checkbox"/> SIGN PRODUCTION | <input type="checkbox"/> PHOTOGRAPHY/PHOTO EDITING | <input type="checkbox"/> FOOD PREPARATION/SERVICE |
| <input type="checkbox"/> AUDIO/VISUAL PRODUCTION | <input type="checkbox"/> OTHER: _____ | |

REFERENCES LIST NAME, ADDRESS AND PHONE NUMBER

1.

2.

3.

DO YOU KNOW ANY PAST OR PRESENT EMPLOYEES? IF SO, WHO?

OTHER INFORMATION

HOW DID YOU HEAR ABOUT US? _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME _____ PHONE _____ RELATIONSHIP _____

HAVE YOU BEEN CHARGED WITH ANY CRIMINAL OFFENSES RELATED TO THEFT? YES ___ NO ___

IF YES, EXPLAIN _____

HAVE YOU BEEN CONVICTED OF A FELONY OR MOVING VIOLATION WITHIN THE LAST 3 YEARS? YES ___ NO ___

IF YES, EXPLAIN _____

DO YOU HAVE ANY PHYSICAL OR EMOTIONAL PROBLEMS THAT MIGHT INTERFERE WITH YOUR ABILITY TO DO THE JOB FOR WHICH YOU ARE APPLYING? YES ___ NO ___ IF YES, EXPLAIN _____

DO YOU HAVE LIABILITY INSURANCE FOR OPERATION OF YOUR VEHICLE? YES ___ NO ___

IF NO, WHEN WILL YOU BE INSURED? _____

THE RIVERBOAT DISCOVERY IS REQUIRED TO COMPLY WITH COAST GUARD REGULATIONS AS THEY PERTAIN TO CERTAIN SAFETY SENSITIVE POSITIONS WITH THE COMPANY.

I UNDERSTAND THAT AS A RESULT, I MAY BE ASKED TO CONSENT TO A DRUG TEST PRIOR TO EMPLOYMENT AND THROUGHOUT THE SEASON.

YES _____ NO _____

EQUAL ACCESS TO PROGRAMS, SERVICES AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY THE HUMAN RESOURCES COORDINATOR.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFICATION OF THIS INFORMATION IS GROUNDS FOR DISMISSAL IN ACCORDANCE WITH COMPANY POLICY. I AUTHORIZE THE REFERENCES AND EMPLOYERS LISTED IN THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LEGAL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THIS INFORMATION TO YOU.

I UNDERSTAND AND AGREE TO THE INFORMATION STATED ABOVE:

SIGNATURE _____ DATE _____

