



**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 \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ REFERRED BY \_\_\_\_\_

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

SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

**POSITION(S) APPLYING FOR** \_\_\_\_\_

LENGTH OF EMPLOYMENT: I WILL BE ABLE TO START WORK ON (DATE) \_\_\_\_\_

I WILL BE ABLE TO WORK FULL-TIME UNTIL (DATE) \_\_\_\_\_

WOULD YOU BE ABLE TO WORK PART-TIME OUTSIDE OF THESE DATES? \_\_\_\_\_

**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: \_\_\_\_\_

FOR OFFICE  
 USE ONLY:  
 REC'D BY: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 16-1

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? \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

