

Employment Application

Visit Anchorage provides equal opportunity in all aspects of employment without regard to race, color, sex, national origin, mental or physical disability, age, sexual orientation, marital status, parenthood, pregnancy, gender identity, military status, public assistance status or any other classification protected by applicable law.

Last	Applicant Information								
Address: Street Address Apartment/Unit # City City E-mail Address: Desired Salary: Position Applied for: Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify vou were melployed, the employer, and dates of employment. Have you ever been employed or served as a volunteer at any Visit Anchorage (for any employer) facility of ACVB or Visit Anchorage? Full Time Part Time Are you over 17 years old? YES NO (If yes, please state name under which employer, and dates of employment: Education If yes, please state name under which employer, and dates of employment: Education Full Time Part Time Are you over 17 years old? YES NO Opures employed, the employer, and dates of employment: Education City/State: Number of years Did you YES NO Degree: City/State: Other Certification, Education, or Training and Degrees: Degree: Professional License or Membership Please list relevant professional licenses you currently hold, and memberships in relevant professional organizations. Expiration Date(s): Expiration Date(s): Expiration Date(s): Professional Memberships:	Full Name:		Date:						
Address: Street Address Street Address State ZIP Code		First							
City E-mail Address: Desired Salary: State ZiP Code Phone: () E-mail Address: Desired Salary: S Position Applied Position App		7 1100							
Phone: () E-mail Address: Date Available: Position Applied for: Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify yes No eligibility) Have you ever been employed or served as a volunteer at any Visit Anchorage (for any employer) facility of ACVB or Visit yes No you were employed, the employer, and dates of employment: High School(s): City/State:	Street Address		Apartment/Unit #						
Date Available: Available: Position Applied for: Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify eligibility) Have you ever been employed or served as a volunteer at any Visit Anchorage (for any employer) facility of ACVB or Visit Anchorage? Full Time	City		State ZIP Code						
Available: Position Applied Full Time Part Time		E-mail Address:							
Position Applied for: Full Time Part Time Are you over 17 years old?		D	esired Salary: \$						
Are you legally eligible for employment in the United States? (If offered employment, you will be required to provide documentation to verify integribility) Have you ever been employed or served as a volunteer at any Visit Anchorage (for any employer) facility of ACVB or Visit yes no you were employed, the employer, and dates of employment: High School(s): City/State:	Position Applied		-						
(If offered employment, you will be required to provide documentation to verify eligibility) YES NO Have you ever been employed or served as a volunteer at any Visit Anchorage (for any employer) facility of ACVB or Visit anchorage? If yes, please state name under which employer, and dates of employment: Figh School(s): Education			Are you over 17 years old?						
volunteer at any Visit Anchorage (for any employer) facility of ACVB or Visit Anchorage? Feb	(If offered employment, you will be required to provide d eligibility)		NO						
employer) facility of ACVB or Visit Anchorage? Feature Featur		If was interestable	and the state of t						
Anchorage? Education Figure Figu									
High School(s): Number of years Did you graduate? College(s): City/State: Number of years Did you graduate? City/State: Number of years Other Certification, Education, or Training and Degrees: Did you graduate? Degree: City/State: No Degree: City/State: Did you graduate? Degree: City/State: Professional licenses you currently hold, and memberships in relevant professional organizations. Expiration Date(s): State of Alaska License Number: Professional Memberships:									
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Number of years									
College(s): City/State: Number of years completed: Other Certification, Education, or Training and Degrees: Degree: Degree: City/State: Other Certification, Education, or Training and Degrees: Did you graduate? Degree: City/State: Professional License or Membership Please list relevant professional licenses you currently hold, and memberships in relevant professional organizations. License(s) Held: State of Alaska License Number: Professional Memberships:		City/State:							
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Number of years Did you YES NO completed: graduate? Degree: Other Certification, Education, or Training and Degrees: City/State: Professional License or Membership Please list relevant professional licenses you currently hold, and memberships in relevant professional organizations. License(s) Held: Expiration Date(s): State of Alaska License Number: Professional Memberships:	completed: graduate?	Degree:	G.E.D.:						
Other Certification, Education, or Training and Degrees: Other Certification, Education, or Training and Degrees: City/State: Professional License or Membership Please list relevant professional licenses you currently hold, and memberships in relevant professional organizations. License(s) Held: State of Alaska License Number: Professional Memberships:	College(s):	City/State:							
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Did you graduate? Degree: Professional License or Membership Please list relevant professional licenses you currently hold, and memberships in relevant professional organizations. License(s) Held: Expiration Date(s): State of Alaska License Number: Professional Memberships:			City/State:						
Did you graduate? Professional License or Membership Please list relevant professional licenses you currently hold, and memberships in relevant professional organizations. License(s) Held: Expiration Date(s): State of Alaska License Number: Professional Memberships:			Only/Otale.						
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License(s) Held: Expiration Date(s): State of Alaska License Number: Professional Memberships:	Please list relevant professional licenses you currently hold, and memberships in relevant professional programmes								
State of Alaska License Number: Professional Memberships:									
Number: Professional Memberships:		Expiration Date(s):						
Professional Memberships:									
	Number:								
Computer Software & Hardware Skills	Professional Memberships:								
	Con	nputer Software & Hardware Sl	kills						
Briefly describe your skills and experience using the following software programs.									
Word: Excel:	Word:		Excel:						
PowerPoint: Outlook:	PowerPoint:		Outlook:						
MS Dynamics Great Simpleview CRM: Plains:	Simpleview CRM:		MS Dynamics Great Plains:						
Ompleview orani.	Other Software Used:								
CIMPLE VICTOR CT (VIII.	Other Software Used:								

Hardware Used:						
How many words per minute do						
you type?	Previous Employment					
Please list present/most recent employe		sary) including U.S. Military Service, volunteer				
and intern positions if relevant. Do not s	state "see resume."					
Employer:		Phone: ()				
Address:		Supervisor:				
Job Title:	Starting Salary: \$	Ending Salary: \$				
Responsibilities:						
From: To:	Reason for Leaving:					
May we contact your current/previous sureference?						
Employer:		Phone: ()				
Address:		Supervisor:				
Job Title:	Starting Salary: \$	Ending Salary: \$				
	Starting Salary. •	Litulity Salary. •				
Responsibilities:						
From: To:	Reason for Leaving:					
May we contact your previous supervisor for a reference?						
Employer:		Phone: ()				
Address:		Supervisor:				
Job Title:	Starting Salary: \$	Ending Salary: \$				
Responsibilities:						
From: To:	Reason for Leaving:					
10.	YES NO					
May we contact your previous supervisor		nation for each position on a separate piece				
of paper.	R experience, attach the above inform	iation for each position on a separate piece				
Explain any gaps in work history:						
Have you ever been discharged or asked to resign from a job?						
If yes, explain:						
7 / 2 F 2	References					
Please list three professional references.						
Full Name: Relationship:						
Company:		Phone: ()				

Address:							
Full Name:	Relationship:						
Company:		Phone:	()			
Address:							
Full Name:	Relationship:						
Company:		Phone:	()			
Address:							
Applicant's Ce	ertification and Agre	eement					
The undersigned authorizes Visit Anchorage or its representative to contact the individuals I have identified above as references. I authorize and direct each such reference to disclose to Visit Anchorage any and all information regarding me and/or my employment, including, but not limited to information about my job performance, attitude, skills, personality, character, experience, education, training, duties, wages, attendance, punctuality, discipline, strengths, weaknesses, evaluations, terminations, whether I would be rehired, and all other matters whatsoever regarding me and/or my employment. I hereby release and will hold Visit Anchorage harmless from any and all liability of whatever kind and nature, which at anytime could result from obtaining or using such information for employment decisions.							
I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Visit Anchorage. However, I further understand that neither the policies, rules, or regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Visit Anchorage may terminate my employment at any time with or without notice or cause.							
I understand I may be immediately terminated for false	statements or omiss	sion of facts call	led for o	n this application.			
Signature:		Dat	te:				

This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.