**Arctic Circle Enterprises, LLC Application for Employment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: Position Applied for: Referred by: | | | | | |
| Are you available to work: (circle all that apply) Date Available: | | | | | |
| Days Evenings Full Time Part Time Seasonal Weekends | | | | | |
| Name: Last First Middle Initial  circle one Mr. Ms. | | | | | |
| Are you between the ages of 18 and 70? Yes No If under 18, birthdate: | | | | | |
| Social Security Number: | | | | | |
| Mailing Address: Street City Zip | | | | | |
| Telephone: Day Evening Cell | | | | | |
| Emergency Contact Relationship Telephone | | | | | |
| Do you have any physical limitations or previous injuries, which might Yes No  affect your ability to perform the job for which you are applying? If yes, please describe: | | | | | |
| Have you ever been convicted of a criminal offense? (other than a traffic violation) Yes No  Conviction is not necessarily a bar to employment. If yes please explain: | | | | | |
|  | |  | | | |
| Are you a citizen of the United States ? Yes No  If you are not a U.S. citizen, have you the legal right to remain permanently in the U Yes No  If you are not a permanent resident, do you have the legal authority to accept employment? Yes No | | | | | |
| Your transportation to and from work will be: Own Car Borrowed Car Walk Bus  Other: | | | | | |
| Has any bonding company refused to issue or continue any bond on your behalf? Yes No  If yes, please state when and what company: | | | | | |
| Do you have friends or relatives who work for Arctic Circle Enterprises ? Yes No  Name(s): Relationship: | | | | | |
| What Special Skills Do You Possess? What Equipment do you operate? | | | | | |
| How long have you lived in this state?  If less than 6 months, previous address: | | | | | |
| Education Address: | From: | To: | Did you graduate? | | Average |
| High School |  |  | Yes | No |  |
| College  Part-Time Full- Time |  |  | Yes | No |  |
| Other |  |  | Yes | No |  |
| Military Service Dates of Service: Military Specialty: Special Training? Branch/Highest Rank: | | | | | |

1/19/17 Arctic Circle Enterprises LLC Is An Equal Opportunity Employer

## EMPLOYMENT HISTORY

## Please List All jobs, starting with your present or most Recent Employer. Please Account for all periods Of Time, Including Military, Self-Employment, And Unemployment Additional paper can be use, if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer's Name | Your Job Title | Dates Employed: From: | To: |
| Employer's Address: | Type of Business: | Salary.  Start: $ per/ | Ending $ |
| May We Contact o YES o NO | Job Responsibilities: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer's Name | Your job Title | Dates Employed: From: | To: |
| Employer's Address: | Type of Business: | Salary.  Start $ per/ · | Ending $ |
| May We Contact o YES o NO | Job Responsibilities: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employer's Name | Your job Title | Dates Employed: From: | To: |
| Employer's Address: | Type of Business: | Salary.  Start $ per/ | Ending $ |
| May We Contact D YES D NO | Job Responsibilities: |  |  |

l Read The following Statement Carefully- Answer the Last Question And Sign Your Name. It is understood that my employment is based upon the truthfulness of the statements in this application and that in accepting employment I agree to abide by the rules and regulations of the employer not inconsistent with existing employment contracts. Any misrepresentation or

Supervisor's Name:

Telephone Number

( )

-

Reason For Leaving

Supervisor's Name:

Telephone Number

Reason For Leaving

( )

-

Supervisor's Name:

Telephone Number

( )

-

Reason For Leaving

omission of facts called for in the application or any violation of such rules and regulations shall constitute a cause for immediate discharge.

It is further understood 'that my employer will not be held responsible for any of my property lost, stolen, or damaged by me.

Were you ever convicted for causes other than violation of traffic regulations? ------ If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I Authorize Arctic Circle Enterprises, Inc. to make a complete investigation of all statements contained on my application.

Sign Here Date -----------



Arctic Circle EnterprisesLLC

### Corporate- Offices /Showroom: 3812- Spenard Rd. # l00, Anchorage, Alasko 9951 7-2679

### Phore:- 907-272-4366 • Fax: 907-272-4 J 22 Alaska Toll Free:800-478-2234

customerservice@aceak .com • [art@aceak.com](mailto:art@aceak.com)

List *3* References

# FORMER EMPLOYER' S ONLY!

Do not list friends or relatives



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Telephone (907) 272-4l66 Fax (907) 27-2-41 22

P.0. Box 92650. Anchorage, AK 99S09

**Disclosure to Employment Applicant Regarding Procurement of A Consumer Report**

### In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Plea e be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within *5* days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment. ·

This report will be processed by:

ADP Screening and Selection Services 301 Remington Street

Fort Collins, Colorado 80524 800/367-5933

Applicant's Name: (Please Print)

Applicant's Address:

City/State/Zip :

Signature:

Social Security Number:

#### Give copy with Summary of Rights to applicant. Retain a copy for your files.

*Para informacion en espanol, vlslte* [*www.ftc.gov/ credit*](http://www.ftc.gov/credit) o *escribe* a *la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.*

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more Information, Including

Information about additional rights, go to [www.ftc .gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W.,Washington, DC 20580.

* You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address and phone number of the agency that provided the information.
* You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  + A person has taken adverse action against you because of information in your credit report;
  + You are the victim of identify theft and place a fraud alert in your file;
  + Your file contains inaccurate information as a result of fraud;
  + You are on public assistance;
  + You are unemployed but expect to apply for employment within

60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies . See [www.fie.gov/credit](http://www.fie.gov/credit) for additional information.

* You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
* You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous . See

*'WVNJ .*fie.gov/credit

for an explanation of dispute procedures.

* Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or

corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as

accurate,

* Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
* Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -

usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

* You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out

information about you to your employer, or a potential employer,

without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit.](http://www.ftc.gov/credit)

* You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
* You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
* Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.ftc.gov/credit.](http://www.ftc.gov/credit)

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

|  |  |
| --- | --- |
| TYPE OF BUSINESS: | CONTACT: |
| Consumer reporting agencies, creditors and others not listed below | Federal Trade Commission:  Consumer Response Center - FCRA  Washington, DC 20580  1-877-382-4357 |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name) | Office of the Comptroller of  the Currency Compliance Management Mail Stop 6-6  Washington, DC 20219 1-800-613-6743 |
| Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks) | Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551  202-452-3693 |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision Consumer Complaints Washington, DC 20552  800-842-6929 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name) | National Credit Union Administration  1775 Duke Street  Alexandria, VA 22314  703-519-4600 |
| State-chartered banks that are not members of the Federal  Reserve System | Federal Deposit Insurance Corporation  Consumer Response Center 2345 Grand Avenue , Suite 100 Kansas City, Missouri 64108- 2638  1-877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronau tics Board or Interstate Commerce Commission | Department of Transportation Office of Financial Management Washington , DC 20590  202-366-1306 |
| Activities subject to the Packers and Stockyards Act of 1921 | Department of Agriculture Office of Deputy Administrator - GIPSA  Washington, DC 20250  202-720-7051 |

**RELEASE AUTHORIZATION**

**APPLICANT COMPLETE THE FOLLOWING**

#### I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to *my* character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Ii. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act. (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

Iii. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

1. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(s) ordered, Check this box 0.The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, 800/367-5933.
2. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used Home Address

City State Zip Code

Social Security Number Date of Birth

#### The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, Ml, OR, TX, WI

Sex: 0 Male O Female

Race: D Asian D Black D Hispanic O White O Other

Driver’s license Number State Issuing License

Name as, it appears on license

Signature Today ·s Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal. please shade and pencil before faxing. Subscribed and sworn before me:

Name

Dale

Notary Public

My commission expires

*THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES. SEPARATELY FROM PERSONNEL RECORDS!*