APPLICATION FOR EMPLOYMENT

KODIAK ELECTRIC ASSOCIATION, INC. 1614 Mill Bay Road Kodiak, Alaska 99615

Human Resource Administrator voice: (907) 486-7712 * e-mail: hr@kodiak.coop

Kodiak Electric Association, Inc. considers applicants for all positions without regard to race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program, or for any other legally protected status. Applicants are invited to request any necessary accommodations during the application, testing, or interview process.

PLEASE TYPE OR PRINT CLEARLY, AND COMPLETE THE ENTIRE APPLICATION.

PLEASE DO NOT USE "SEE RESUME". INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

	PERSONAL			
Position Applying For	Date			
Last Name Fin	rst Name	Middle Name		
E-mail Address				
Mailing Address P.O. Box or House Number and Street	et City/State/Zip			
Cell Phone Number	Business/Message Phone Number			
Preferred Contact Method:				
Are you a U.S. Citizen? Yes No If no, do you have the legal right to live and work in the U.S.? Yes No Proof of citizenship or immigration status will be required upon employment.				
Are you related, directly or through marriage, however	remotely, to any present KEA emple	oyees or to any member of		
KEA's Board of Directors? Yes No If yes, to	whom are you related and how?			
Have you ever been employed by KEA? Yes	No If yes, provide job titl	le and dates of employment.		
On what date would you be available for work?				
All KEA employees must have a valid driver's license ar at standard group rates. CDL drivers will require a could result in your not being hired or, if hired, in your in	medical examiner's certificate. Fa			
Have you ever been fired, discharged or asked to resign If yes, explain from what organization and the reason.	from any position? Yes N	No		

		EDUCATION A	AND SKILLS			
Name of School, College, Trade School		City/State	Degre	ee(s)/Subjects/Cr	edit Hours	
COURSES, WOR	KSHOPS, SEMI	NARS AND OTH	ER SPECIALIZED	OR ADVANCE	D TRAINI	NG
Starting with your most resume". If additional spathis application. Resume sof all employment covering so state. If time in between	ecent or present of the is needed, atta should be attached g full disposition of	ch additional sheed to provide addition of your time whet	t all jobs held in the ets. Indicate name i itional information. Ther employed or no	under which em IMPORTANT ot. If employing	ployed if di : State full firm is out	fferent than particulars
	From	То	May we contact yo		☐ Yes	□ No
Employing Firm		Firm Address		City/State/Zip		
Firm Phone Number	Number of Emplo	yees Supervised	Name and Title of	Immediate Super	rvisor	
Position Duties			<u> </u>			
Reason for Leaving						

EMPLOYMENT EXPERIENCE (continued)					
Position Title	From	То	May we contact your employer? ☐ Yes ☐		
Employing Firm	•	Firm Address	City/State/Zip		
Firm Phone Number	Number of Employees Supervised		Name and Title of Immediate Supervisor		
Position Duties					
Reason for Leaving					
Position Title	From	То	May we contact your employer? ☐ Yes ☐] No	
Employing Firm		Firm Address	City/State/Zip		
Firm Phone Number	Number of Employees Supervised		Name and Title of Immediate Supervisor		
Position Duties					
Reason for Leaving					
Position Title	From	То	May we contact your employer? ☐ Yes ☐] No	
Employing Firm		Firm Address	City/State/Zip		
Firm Phone Number	Number of Employees Supervised		Name and Title of Immediate Supervisor		
Position Duties	•				
Reason for Leaving					

PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD (You may exclude memberships which would reveal gender, race religion, national origin, age, ancestry, disability or other protected status.)					
	HONORS AND A	WARDS			
	PERSONAL REFE (Exclude employers of				
Name and Occupation	Address	Phone Number			
Name and Occupation	Address	Phone Number			
Name and Occupation	Address	Phone Number			

EXTRA SPACE FOR CONTINUED RESPONSES (only if needed) Please reference the section you are continuing.

APPLICANT STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING.

1. Kodiak Electric Association, Inc. (KEA) is the recipient of Federal financial assistance from the U.S. Department of Agriculture (USDA).

This institution is an equal opportunity provider and employer.

- 2. I certify that the information contained in this application is true and complete to the best of my knowledge. It is my understanding that KEA may make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interview. I authorize such investigation and the giving or receiving of any such information. I understand that any falsification of this data, any material misrepresentation, or any deliberate omission of a fact may prevent my being hired; or if hired, may subject me to immediate dismissal. For the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature.
- 3. I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon successful completion of the employment process which may include, but is not limited to, reference check, drug screen, criminal background check and completion of a health evaluation form.
- 4. Upon offer of employment, I do hereby agree to submit to such physical examinations as KEA may require. I understand such examinations will determine the presence of alcohol, drugs, or controlled substances. I understand that positive test results or refusal to consent to these tests will disqualify me from employment. I agree, that should I fail any medical examination, I may not be hired; or if hired, I could be terminated.
- 5. I hereby authorize the Department of Public Safety, Division of Motor Vehicles to release my driving record to KEA and/or its insurance carrier.
- 6. I further understand that this is an application for employment and that no employment contract is being offered; and that if I am employed, such employment is for no definite period of time. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory under the fair labor standards act for non-bargaining and bargaining unit employees: overtime, shift work, or a work schedule other than Monday through Friday. KEA will observe any labor agreements which may be in effect. I agree to conform to the standards of conduct, performance and the policies of this organization.

Applicant Name (First, Middle & Last)		Date	
Signature	-		10/28/2020