

EMPLOYMENT APPLICATION

Please complete the form to the best of your abilities; either type or use ink.

Applicant Information						
Date:		Position(s) Applying for:			Primary Language:	
First Name:		Last Name:		Middle In.	Suffix:	Social Security No.
Physical Address:						
Mailing Address:						
Primary Phone No.:		Secondary Phone No.:		Email Address:		
Are you under the age of 18? (Circle one)				Veteran Status: Did you serve on active duty between 08/05/1964 - 05/07/1975? (Circle one)		
YES	NO	IF YES, age:		YES	NO	IF YES, When?
Upon employment, can you provide documentation establishing your identity and eligibility to be legally employed in the United States? (Circle one)				Have you ever been convicted of a criminal offense or have any pending criminal cases other than minor traffic violations?		
YES	NO	IF NO, Explain:		YES	NO	IF YES, Please explain:
What type of position are you interested in? (Circle) Part Time Full Time Temporary Seasonal Other				How were you referred to us? (Circle) Newspaper Facebook Instagram Employee Other		
Are you willing to work other positions than the one you are applying for? (Circle one)				Do you have any relatives that are currently employed by our company? (Circle one)		
YES	NO	IF YES, Which?		YES	NO	IF YES, please provide their name:
Do you have a current drivers license?				Have you ever been employed with Coldfoot in the past?		
YES	NO	IF YES, Please provide number & State:		YES	NO	IF YES, when?
Please include any additional information you wish for Coldfoot to know here:						
Education						
List names of schools attended including location, dates attended (from and to), the subject you studied, and the degree earned if applicable.						
High School	Location		From	To	Subject	Degree
College	Location		From	To	Subject	Degree
Graduate School	Location		From	To	Subject	Degree
Trade School	Location		From	To	Subject	Degree
List below any other applicable licenses and special training you have related to the position (HAZWOPER, Asbestos, etc..)						

Employment Information

Please complete the following information to the best of your abilities. Start with your most recent job and work backwards.
 Attach a resume to this application if you have one.

Employer:	Supervisor Name:	Dates Employed
		From To
Address:	Job Title:	
Job Duties:	Reason(s) for leaving:	Hourly Rate/Salary
		Starting Finishing

May we contact this employer? YES / NO IF NO, will you explain why not?

Employer:	Supervisor Name:	Dates Employed
		From To
Address:	Job Title:	
Job Duties:	Reason(s) for leaving:	Hourly Rate/Salary
		Starting Finishing

May we contact this employer? YES / NO IF NO, will you explain why not?

Employer:	Supervisor Name:	Dates Employed
		From To
Address:	Job Title:	
Job Duties:	Reason(s) for leaving:	Hourly Rate/Salary
		Starting Finishing

May we contact this employer? YES / NO IF NO, will you explain why not?

Acknowledgement

By signing below, I understand: **(1)** as a condition of employment, I will be required to produce original documents establishing my identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service I-9 Form. **(2)** I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment. **(3)** I understand that this application is not, and is not intended to be, a condition of employment. **(4)** In the event of employment, I Understand that false or misleading information given in my application or interview(s) may result in discharge.

Printed Name _____ Signature _____ Date _____

HUMAN RESOURCES ONLY

Interview Date:	Interview by:	Start Date:	New Hire (Pay Rate)	Re-Hire (Pay Rate)
Classification:		Comments:		
Classification Code:				

ALASKA DOL RESIDENCY FORM

The information provided on this form will be used to determine your eligibility for resident hiring preference under A.S. 36.10.150 (see attachment for regulations). All potential employees of Coldfoot Environmental Services, Inc. are obligated to complete this form and provide enough information to prove eligibility failure to do so could result in the loss of opportunity or termination.

PERSONAL INFORMATION			
PLEASE PRINT IN INK OR TYPE. READ ALL QUESTIONS CAREFULLY BEFORE COMPLETING.			
NAME (First, Middle, Last, Suffix)		DOB:	
RESIDENCY ADDRESS (Street, City, Sate, Zip Code)			
How long have you lived at this address?		Previous City & State of Residence:	
MAILING ADDRESS (If same as above write "SAME AS ABOVE")			
DRIVERS LICENSE NUMBER:	DATE OF ISSUE:	EXPIRATION:	STATE:
VOTER REGISTRATION NUMBER:	STATE:	VEHICLE REGISTRATION NUMBER:	STATE:
Do you have an Alaskan resident hunting, fishing, or trapping license?	YES	NO	If YES, number:
Have you ever applied for and received an Alaska Permanent Fund Dividend?	YES	NO	If YES, what year did you last apply?
Are you married?	YES	NO	If YES, where is their residency?
Do you have bank accounts?	YES	NO	If YES, where and what type?
Are you currently receiving unemployment insurance benefits?	YES	NO	If YES, from what state?
Have you registered to work with Job Service, Union, or a Private Employment Agency?	YES	NO	If YES, which?
Are you currently employed? (Circle One)	YES	NO	If YES, where?
<i>If there is any other additional information you would like to provide which you feel would assist us in making a determination please attach additional documentation to this form.</i>			
APPLICANT ACKNOWLEDGEMENT			
PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING.			
Under AS 01.10.055 A person is considered an established resident in the state of Alaska by being physically present with the intent to remain indefinitely and make a home; and maintaining a principle place of abode in Alaska for at least 30 days, providing other proof of intent including proof that the person is not claiming residency or obtaining benefits under a claim of residency outside of the state; and continues to remain a resident of the state during an absence from the state by proving intent to remain indefinitely. [This regulation has been paraphrased for brevity.]			
By signing this form, I agree that I have read the above AS 01.10.155 Residency regulations and that I meet those requirements; I understand that a person who makes a false statement in connection with a certification of eligibility for an employment preference under AS 36.10 is subject to criminal prosecution for perjury as provided in AS 11.56.200 and AS 11.56.210 and a civil penalty under AS 36.10.210. I certify, under penalty of perjury, that I am now and intend to remain a resident of the state of Alaska at the date of my signature.			
APPLICANT PRINTED NAME	SIGNATURE	DATE	

**ALASKA DEPARTMENT OF LABOR
AND WORKFORCE DEVELOPMENT**

**EMPLOYMENT PREFERENCE DETERMINATION
(EFFECTIVE JULY 1, 2019)**

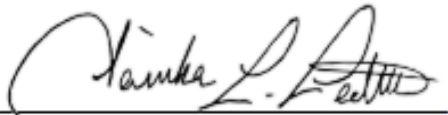
By authority of A.S. 36.10.150 and 8 ACC 30.064, the Commissioner of Labor and Workforce Development has determined the State of Alaska to be Zones of Underemployment. A Zone of Underemployment requires that Alaska residents who are eligible under AS 36.10.140 be given a minimum of 90 percent employment preference on public works contracts throughout the state in certain job classifications. This hiring preference applies on a project-by-project, craft-by-craft or occupational basis and must be met each workweek by each contractor/subcontractor.

For additional information about the Alaska resident hire requirements, contact the nearest Wage and Hour Office in Anchorage at 907.269.4900, in Fairbanks at 907.451.2886 or in Juneau at 907.465.4248.

The following classifications qualify for a minimum of 90 percent Alaska resident hire preference:

Boilermakers	Mechanics
Bricklayers	Millwrights
Carpenters	Painters
Cement Masons	Piledriver Occupations
Culinary Workers	Plumbers and Pipefitters
Electricians	Roofers
Engineers and Architects	Sheet Metal Workers
Equipment Operators	Surveyors
Foremen and Supervisors	Truck Drivers
Insulation Workers	Tug Boat Workers
Ironworkers	Welders
Laborers	

This determination is effective July 1, 2019, and remains in effect until June 30, 2021



Dr. Tamika L. Ledbetter, Commissioner

6/13/2019
Date



Date: _____

At Will Policy

In the event that the applicant agrees to accept a position with Coldfoot Environmental Services, the applicant and the company agree that the employment relationship between the company and the employee is an at will relationship and that the employment relationship and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or the employee

Name Printed

Signature

Date



E-VERIFICATION ACKNOWLEDGEMENT FORM

Coldfoot Applicant,

As a federal contractor, Coldfoot Environmental Services, Inc. is mandated to submit all newly hired employee's social security number to E-Verify. E-Verify is an internal based system operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their employees.

Please be aware that all new-hire or re-hire Coldfoot employees will be processed in E-verify as part of our compliance to the "2008 E-Verify Rule Executive Order 12989." This rule directs all federal agencies to require that federal contractors (i.e. Coldfoot) agree to electronically verify the employment eligibility of their employees.

If you have questions, please contact the Coldfoot main office at (907)-770-9936.

Respectfully,

Coldfoot Management

ACKNOWLEDGEMENT

By signing this form, I _____ agree to allow Coldfoot to process my social security number on E-verify in order to comply with the E-Verification rule as mentioned above.

Signature

Date

Coldfoot Environmental Services, Inc. (Coldfoot) is an equal opportunity employer. All qualified applicants will receive consideration for employment. Coldfoot does not discriminate on the basis of race, color, religion, gender, national origin, age, physical or mental disability, veteran status, or any other characteristic protected by law.

Coldfoot is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees and applicants to voluntarily self-identify their race and ethnicity. Submission of this information is completely voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

ALL APPLICANTS

NAME (First, Middle, Last)		DATE
<p>1) Which Position are you applying for?</p> <input type="checkbox"/> Administrative Staff <input type="checkbox"/> Asbestos Abatement Worker <input type="checkbox"/> Other: _____	<p>7) Do you have any disabilities?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<p>2) What is your citizenship status?</p> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other Citizenship <input type="checkbox"/> Other: _____	<p>8) If yes to question 7 please explain: _____ _____ _____ _____</p>	
<p>3) How did you hear about us?</p> <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Relative <input type="checkbox"/> Coldfoot Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other: _____	<p>9) Sex (check one)</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I choose not to respond	
<p>4) Are you a veteran?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes	<p>10) Ethnicity (check one)</p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____ <input type="checkbox"/> I choose not to respond	
<p>5) If yes to question 4, did you serve in Vietnam?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I answered no to question 4)	<p>11) Race (check one)</p> <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Black <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> I am of two or more races. I most strongly identify as:	
<p>6) If yes to question 4, are you a disabled veteran?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I answered no to question 4)		

ALASKA NATIVE ONLY

1) Please submit a photo copy of your Native American Tribal Document along with this questionnaire.

2) Do you have a Certificate of Indian Blood (CIB) Card?

- No
- Yes

If yes, please provide your card number:

4) If no to question 3, are your grandparents or parents shareholders?

- No, my parents are not shareholders
- No, my grandparents are not shareholders
- Yes, my parents are shareholders of

Yes, my grandparents are shareholders of

3) Are you a shareholder of (a) Native Corporation(s)?

- No
- Yes

If yes, which corporation?

5) Are you involved in Tribal or Council Enrollment?

- No
- Yes

If yes, please indicate name of entity:

OTHER

If there is anything else you would like us to know please provide the information below and/or attach documentation to this form (preferably photo copies).

ACKNOWLEDGEMENT

By signing this form, I [name printed above and below] agree that the information provided on this form is truthful and accurately describes personal identification. I understand that this is a voluntary form and by completing it, I am volunteering my information to Coldfoot Environmental Services, Inc.

Name (printed)

Signature

Date