

Anchorage Downtown Partnership, Ltd. Employment Application

Anchorage Downtown Partnership, Ltd. extends equal employment opportunities to all in hiring, assignment, promotion and other conditions of employment regardless of race, religion, color, national origin, age, marital status, pregnancy, gender, sexual orientation, veteran status, or physical/mental disability unrelated to the performance of the job. All hiring decisions are based upon an individual's ability to perform the job for which he/she is being considered. Anchorage Downtown Partnership, Ltd. is a drug free workplace.

Instructions: All sections of this application must be completed in detail for you to be considered for employment. Attach extra pages where necessary to answer a question in full. Feel free to attach resumes, letters of recommendation, etc., but understand that none of those documents will take the place of a completed application form. If a question does not apply to you, write "N/A" in the space provided. Upon completion, please be sure to sign the application. Unsigned applications will not be considered.

Please Print Clearly

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Phone	Cell Phone	Message Phone	Social Security Number
Position Applied For	Today's Date	Possible Start Date	

Full Time? Part Time? Temporary?

Are you willing to work weekends, evenings and/or nights? _____

How did you learn about us? _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 Yes No

Proof of citizenship or immigration will be required upon employment.

Have you ever been charged with or convicted of a felony? Yes No

If yes, please explain:

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Employment Experience

Start with your present or most recent job. Include job-related military service assignments and volunteer activities.

Employer	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Job Title				
Reason For Leaving				
Employer	Dates Employed			Work Performed
	From	To		
Address				
Telephone Number	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Job Title				
Reason For Leaving				
Employer	Dates Employed		Work Performed	
	From	To		
Address				
Telephone Number	Hourly Rate/Salary			
	Starting	Final		
Supervisor				
Job Title				
Reason For Leaving				

Briefly explain all periods of Unemployment: _____

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Do you have a current Alaska driver's license? Yes No

Have you been charged with or convicted of any moving violations in the past 3 years? Yes No

Education				
	Name and Address of School	Course of Study	Years Attended	Degree Earned
High School				
Undergraduate College				
Graduate or Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.

	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

Describe any specialized training, apprenticeship, skills, extracurricular activities, and professional organizations you have been involved in.

Were you ever discharged by an employer? If so, give the name of the company and the reason for the discharge.

Other Relevant Experience

Please provide any other information about yourself, your education or work experience that you feel should be considered by the hiring supervisors.

Relatives may not be listed as references. The applicant should know the reference at least one year.

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<u>References</u>			
1) _____ Name	_____	_____	
		Phone Number	
_____	_____	_____	_____
Address	City	State	Zip Code
2) _____ Name	_____	_____	
		Phone Number	
_____	_____	_____	_____
Address	City	State	Zip Code
3) _____ Name	_____	_____	
		Phone Number	
_____	_____	_____	_____
Address	City	State	Zip Code

Applicant's Statement

The preceding statements are complete and true to the best of my knowledge. No information has been withheld that would affect my application unfavorably.

Each of my former employers and all other persons having information about me are authorized to give this information to Anchorage Downtown Partnership, Ltd. I release these parties from any and all liability resulting from the provision of such information. I authorize Anchorage Downtown Partnership, Ltd. to release any information that may be requested regarding my potential employment. References received and deemed unsatisfactory by Anchorage Downtown Partnership, Ltd. may be grounds for discharge from employment.

I understand that an offer of employment may be contingent upon completion of health examination requirements, satisfactory background check(s), and/or confirmation of an acceptable driving record(s) in accordance with the policies of Anchorage Downtown Partnership, Ltd. and/or agencies and entities with which it has contractual relationships.

I understand that all employees of Anchorage Downtown Partnership, Ltd. are employed exclusively on an at-will basis, and that both the employer and the employee remain free to terminate the employment relationship at any time, with or without cause.

I understand that misstatements and significant omissions of facts in this application may be grounds for discharge from employment. I further understand that if I become employed by Anchorage Downtown Partnership, Ltd, I will be required to abide by all applicable rules and regulations as a condition of continued employment.

I understand that this application for employment will be considered active for a period of time not to exceed 45 days unless I am notified otherwise in writing, and that if I wish to be considered for employment beyond the active time period, I should contact Anchorage Downtown Partnership, Ltd.

Applicant Signature

Date

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**RELEASE
&
Authorization And Request To Furnish Information**

Date: _____

Applicant's Name: _____

SSN: _____ - _____ - _____

Position Applied For: _____

In consideration of my application for employment with Anchorage Downtown Partnership, Ltd., I hereby authorize and request any and every person, corporation, company, educational institution, agency and/or other entity with which I have been associated, to furnish Anchorage Downtown Partnership, Ltd. any and all information in its possession, whether in written or other form, as may be requested by Anchorage Downtown Partnership, Ltd in connection with my application for employment.

I hereby release each such person, corporation, company, educational institution, agency and/or other entity who furnishes information to Anchorage Downtown Partnership, Ltd. in response to this Authorization and Request, from any and all liability for any damages resulting from the furnishing of such information to Anchorage Downtown Partnership, Ltd.

A photostatic, facsimile, or other copy of this Release is as valid as the original.

Applicant's Signature

Date