

Shee Atiká, Incorporated

315 Lincoln Street, Suite 300
 Sitka, AK 99835
 www.sheatika.com

EMPLOYMENT APPLICATION

Equal access to programs, services, and employment is available to all persons without regard to race, religion, sex, age, national origin, color, disability, veteran status, or any other status or classification protected by applicable state or federal law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Shee Atiká, Incorporated. Please be aware that Shee Atiká, Incorporated provides hiring preference to its qualified shareholders.

_____ #

Please Print

Position Applied For		Date of Application		Social Security Number	
Last Name		First Name		Middle Initial	Maiden/Nickname/Other Name
Address		City		State	ZIP
Home Phone		Work Phone & Extension (if any)		Cell Phone or Message Phone	
Email Address		Available for following positions: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>			
Former Employee of Shee Atika, Inc. Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>		In case of emergency, please notify: Name _____ Address _____ Phone _____			
Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, verification will be required)		I will be able to report to work _____ days after being notified that I am hired.			

Employment Experience: List last employment first. Include summer or temporary jobs. Be sure all your experience or employer related to this job are listed here, or use an extra sheet of paper if necessary.

Name and Address of Employer	Dates Employed From: _____ To: _____	Average Hours per Week	Number of employees you supervised:
	Salary or Earnings Starting \$ _____ Per _____ Ending \$ _____ Per _____	Reason for leaving	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Supervisor's Name, Title and Phone		Your Position Title
Summarize the type of work performed and job responsibilities:			

Employment Experience continued

Name and Address of Employer	Dates Employed From: To:	Average Hours per Week	Number of employees you supervised:
	Salary or Earnings Starting \$ Per Ending \$ Per	Reason for leaving	
	Supervisor's Name, Title and Phone	Your Position Title	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities:			
Name and Address of Employer	Dates Employed From: To:	Average Hours per Week	Number of employees you supervised:
	Salary or Earnings Starting \$ Per Ending \$ Per	Reason for leaving	
	Supervisor's Name, Title and Phone	Your Position Title	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities:			

References:

Please list five (5) professional and two (2) persons not related to you.

Name	Years Known	Type	Relationship	Telephone Number

Education:

School	Years	G.P.A.	Graduated	Year	Degree	Course of Study

Training History:

Completion Date	Course	Description	Certified Yes or No	Expiration Date	Credit	CEU

Additional Information

I am skilled in operating the following office equipment and/or software programs (check all that apply). Indicate level of skill by marking **L** (limited), **I** (intermediate), or **A** (advanced) next to the program:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> MS Excel ___ | <input type="checkbox"/> Sage 100 (MAS200) ___ | <input type="checkbox"/> QuickBooks ___ | <input type="checkbox"/> Typing speed _____ wpm |
| <input type="checkbox"/> MS Windows ___ | <input type="checkbox"/> Unanet ___ | <input type="checkbox"/> Other Accounting Programs ___ | |
| <input type="checkbox"/> MS Access ___ | <input type="checkbox"/> Paylocity ___ | <input type="checkbox"/> Other Payroll Systems ___ | <input type="checkbox"/> Others (list): |

I have experience in the following areas:

Accounting Skills:

- Accounts Payable
- Accounts Receivable
- Payroll
- Bank reconciliation
- Ledger entry
- Check writing
- Audit preparation
- Handling Cash
- Preparing Invoices
- Preparing Statements

Office Skills:

- Data Base (manipulating data)
- Time Management Skills
- Written and Verbal Communication Skills
- Multi-Tasking Skills
- Supervisory Skills
- Telephone Systems
- Other _____
- Other _____
- Other _____

Do you have an Alaska Driver's License? Yes No

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor within the past 5 years? Yes No

If yes to one or both of the above questions, you must explain on a separate sheet of paper and attach it to this application. If felony, include a copy of your judgment. A conviction record is not absolute grounds for disqualification. The number, nature, timing, and relationship to the job applied for will be evaluated in reviewing this application.

Do you have relative who works for Shee Atiká, Inc., or any other subsidiary? Yes No

If yes, please list them: _____

Do you know anyone, other than a relative, who works for Shee Atiká, Inc., or any other subsidiary? Yes No

If yes, please list them: _____

CERTIFICATE OF APPLICANT

I hereby certify that all information made on, or in connection with, this application is true and complete to the best of my knowledge and belief. I hereby authorize and request any former employers, personal references including, but not limited to, friends or associates, schools, police and court personnel, credit agencies, and any other person to furnish Shee Atiká any information or opinions concerning my work habits, reasons for termination, eligibility for rehire, salary information, character information, criminal history, driving records, and credit history or any other relevant information requested by Shee Atiká. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, or removal from employment. The Applicant understands that Shee Atiká's acceptance of this Application is not an offer, promise or contract of employment. Shee Atiká does not represent or warrant that Applicant will be able to obtain employment by submission of this Application.

Signature (use ink) _____

Date _____

VOLUNTARY AFFIRMATIVE ACTION STATISTICAL INFORMATION

Our company asks that all applicants and employees fill out this form, but it is not required to obtain employment and it will not subject the applicant or employee to any adverse treatment. It is necessary to record this information in order to comply with federal, state, and local fair employment practice laws. This information will be kept confidential and maintained separately from your application form. It will be used only in accordance with federal requirements. Subject to the Shee Atiká, Incorporated shareholder hire policy, all qualified applicants and employees will receive consideration for employment opportunities without regard to race, color, religion, national origin, sex, age, physical handicap, veteran or marital status, pregnancy, or parenthood. Inquiries concerning the application of federal, state, and/or local regulations and this requested information may be directed to this office.

Date _____

Name _____
(Last) (First) (Initial)

Other names previously worked under: _____

Address _____

Position(s) applied for or currently held: _____

Date of Birth: _____ Sex: Female Male

Please check the appropriate spaces:

- Alaska Native American Indian Asian Black
- Caucasian Hispanic Other _____

Indicate Veteran status, if applicable:

- Persian Gulf Era Veteran (August 2, 1990-February 28, 1991) Disabled Persian Gulf Era Veteran
- Veteran Disabled Veteran

Please check one of the following: Disability No Disability

Thank you for your assistance with our EEO reporting requirements.

SHAREHOLDER INFORMATION

I am a Shee Atiká, Incorporated shareholder: Yes No

I am a direct relative of a Shee Atiká, Incorporated shareholder: Yes No

If yes, who is your relative: _____

I am a resident of Sitka: Yes No

I am a Native shareholder of _____ Corporation.