



Anchorage Sports Association

P.O. Box 112183

11051 O'Malley Centre Dr.

Anchorage, AK 99511

Office: 907-562-1504 Email Office@anchoragesports.com

Date Received: _____

Personal Information

Last Name		First Name		Middle Name	Today's Date
Street Address		City		State	Zip Code
Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Other: (____) _____ - _____				Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Are you 18 or over? ____ Yes ____ No					
Title of Position Applying For					Date Available to Work
Do you possess a current, valid driver's license? ____ Yes ____ No					
Are you employed now?			If so, may we contact your present employer?		

Education

Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Employment History

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary).

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

References				
Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

The Anchorage Sports Association is an Equal Opportunity Employer. It is the policy of the ASA not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date