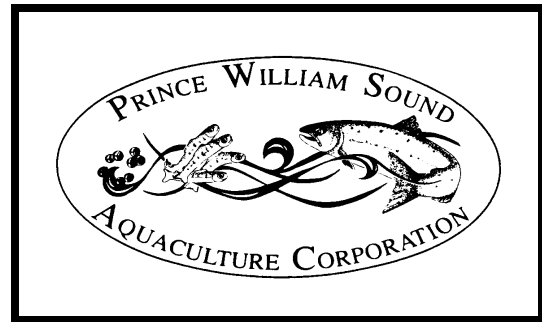


APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, sex, age, natl. origin, handicap or veteran status.

**P. O. Box 1110
Cordova, AK 99574-1110
phone (907) 424-7511
fax (907) 424-7515**



PWSAC is a drug-free workplace.

First	Middle	Last	Date
Present Address			Area Code & Phone
Permanent Address			Area Code & Phone
How did you learn of our company?		E-Mail Address	
In case of emergency, contact			Area Code & Phone

EMPLOYMENT DESIRED

Circle Position Office Fish Tech Maintenance Cook Other	Date you can Start	Date you must Finish
Ever applied to or worked for PWSAC? When?	Have you ever worked with fish before? Do you sport fish? NO OCCASIONALLY OFTEN	YES NO
Circle or X the shortest period of time you are willing to work... 3 weeks 6 weeks 8 weeks 10 weeks 3 months 6 months		
Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you within the last seven years been convicted of a felony or released from prison? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain. A conviction record will not necessarily bar you from employment.		
Do you have any relatives or friends currently working at PWSAC? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, name & relationship:
Do you have a current valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Driver's license # State Expiration Date:

EDUCATION

	name & location of school	Major & minor studies	Years attended	degree or diploma
high school			X	
college				
other				
other				

Special Skills: Certified Scuba, EMP, CPR? Computer Operate boats? Carpentry? Other

Note: You may attach a resume and/or cover letter to supplement this application.

EMPLOYMENT EXPERIENCE		Please list 3 of your most recent jobs.	
Company Name & Superior		Phone	
City & State	Circle One: Full-time Part-time Rate of Pay From: To:	Employed (month & year) from to	
Job title & description of duties			
Reason for leaving		May we contact this employer?	
Company Name & Superior		Phone	
City & State	Circle One: Full-time Part-time Rate of Pay From: To:	Employed (month & year) from to	
Job title & description of duties			
Reason for leaving		May we contact this employer?	
Company Name & Superior		Phone	
City & State	Circle One: Full-time Part-time Rate of Pay From: To:	Employed (month & year) from to	
Job title & description of duties			
Reason for leaving		May we contact this employer?	
REFERENCES List 3 people, preferably employers or instructors, whom we may contact.			
1.	Name	Hm ph# Wk ph#	Occupation Years Known
2.		Hm ph# Wk ph#	
3.		Hm ph# Wk ph#	
Reasons why you would like to work for PWSAC:			

Applicant's Certification & Agreement

I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize PWSAC to investigate any facts on this application and to contact all references. I understand that employment at this corporation is "at will", which means that either I or the corporation can terminate the employment relationship at any time, with or without prior notice, and for any reasons not prohibited by statute. I also understand that I am required to abide by all rules and regulations of the employer. *All successful applicants will be subject to and must pass a pre-employment drug test.* Any applicant that fails a drug test will not be offered employment.

Signature

Date