All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative. Choggiung Shareholders will be given preference under the Choggiung Ltd Shareholder hire policy.

Position(s) applied for		Date of application		
Print full name				
Mailing address		City	State	ZIP
Main phone number	Alt. phone number	Email		

Employment Experience

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give company name and supply business references. Add an additional page if necessary.

Name of employer	Supervisor	May we contact?
		☐ Yes ☐ No
Street address		
Phone number	Dates employed (month/year)	
	From	То
Job title and duties	Reason for leaving	

Name of employer	Supervisor	May we contact?	
		□ Yes □ No	
Street address			
Phone number	Dates employed (month/year)		
	From	То	
Job title and duties	Reason for leaving		
Name of employer	Supervisor	May we contact?	
		☐ Yes ☐ No	
Street address			
Phone number	Dates employed (mon	th/year)	
	From To		
Job title and duties	Reason for leaving		
Have you ever been involuntarily terminated or	asked to resign from ar	ny iob? □ Yes □ No	
		., , ,	
f yes, explain.			

Explain any gaps in your employment history.
List any other experience, job-related skills, additional languages, or other qualifications that
you believe should be considered.

Education

Describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				

Business and Professional References

List three professional references of individuals who are *not* related to you.

Name and title	Relationship	Phone number or email			
Personal References List three people who know you we	ell.				
Name and title	Relationship and years acquainted	Phone number or email			
General Information 1. Have you ever used another na	me? □ Yes □ No				
	2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? ☐ Yes ☐ No				
If yes to either of the above, expla	in:				
3. Have you ever worked for this company before? ☐ Yes ☐ No If yes, provide dates and position:					
 Do you have friends and/or relatives working for this company? ☐ Yes ☐ No If yes, name(s) and relationship(s): 					

5.	. On what date are you available to begin work?						
6.	6. Days/hours available to work:						
M	onday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.	Are you av	ailable to wo	rk? □ Full time	e □ Part time	e □ Shift w	ork □ Tempo	orary
8.	If hired, d	o you have a r	reliable means	of transporta	tion to and f	rom work? 🗆	Yes □ No
9.	Can you tr	avel if the po	sition requires	s it? □ Yes □ N	Ю		
10	. Can you re	elocate if the	position requi	res it? □ Yes □	□ No		
11	-	-	rs old? □ Yes □ is subject to v		t you are of I	minimum lega	al age.
12	. If hired, ca □ Yes □ N		t evidence of	your identity a	and legal righ	it to work in t	his country?
13	-	•	the essential ble accommod	-	-	r which you a	re applying
14	. Are you a	Choggiung Lin	nited Sharehol	der? □ Yes □	No		
15	. Are you a	Choggiung Lin	nited Descenda	ant? □ Yes □	No		
16	. Are you a	Spouse of a C	hoggiung Limit	ed Shareholde	er? □ Yes □ I	No	
17	. Are you a	Shareholder o	of any other Na	ative Corporat	ion? □ Yes □	No	
ac	commodatio		Americans with hat may be ne ions.				

Applicant Statement and Agreement

Read and initial each paragraph below. Ask if there is anything that you do not understand. I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company. If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to onthe-job safety and health. I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.
I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

My signature attests to the fact that I have read, understand, and agree to all of the above terms.

Signature:		
Name (print):		
Date:		







