



CHOGGIUNG, LTD.

P.O. Box 330 104 MAIN STREET DILLINGHAM, ALASKA 99576
Phone (907) 842-5218 Fax (907) 842-5462 www.choggiung.com

This Company is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law.

No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds. Choggiung Shareholders will be given preference under the Choggiung Ltd. Shareholder Hire Policy.

APPLICATION FOR EMPLOYMENT

____ Choggiung Limited ____ Bristol Inn ____ Choggiung Investment Company, LLC
____ Bayside Diner

ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL BE REJECTED

Name: _____
 Last First M

Street Address: _____

Apt # _____ Or Box _____

City _____ State _____ Zip _____

Telephone (____) _____ - _____

Date: _____

- Were you known to any employer, school or reference by another name? () Yes () No
- If yes, indicate other name: _____
- **Position for which you are applying:** _____
- What wage/salary do you expect? \$ _____ per _____
- **If hired, when could you start work?** _____
- Are you willing to travel? () Yes () No If Yes, what percentage?: _____
- Would you be willing to relocate? () Yes () No
- If Yes, preference: _____
- **Have you ever been employed by this company before?** () Yes () No
- If Yes, when and where? _____
- Who referred you to this company for employment? _____

Names of friends or relatives working for Choggiung Limited and Subsidiaries (list name(s) and relationship):

AVAILABILITY:

How many hours per week are you available for work? _____ **LIST TIMES BELOW**

Monday : From _____ To _____

Tuesday : From _____ To _____

Wednesday : From _____ To _____

Thursday : From _____ To _____

Friday : From _____ To _____

Saturday : From _____ To _____

Sunday : From _____ To _____

- **Are there any hours, shifts or days you cannot or will not work?** () Yes () No

If Yes, when: _____

- How far do you live from this location? _____
 - **Do you have transportation to work?** () Yes () No
 - Are you currently on Layoff Status, Leave of Absence or other Suspension of Employment and subject to recall with another employer? () Yes () No
 - If Yes, provide details: _____

- **Have you ever been discharged (or terminated) by a former employer?** () Yes () No

If Yes, explain: _____

CERTAIN POSITIONS WITHIN CHOGGIUNG LIMITED AND SUBSIDIARIES REQUIRE USE OF A CAR OR OTHER MOTORIZED VEHICLE. IF USE OF SUCH A VEHICLE WERE REQUIRED IN THE JOB FOR WHICH YOU ARE APPLYING.....

- Do you have a valid Driver's License? () Yes () No If No, can you obtain one? () Yes () No
- Do you have access to a car or other motorized vehicle? () Yes () No
- Do you or can you get liability insurance on such a vehicle? () Yes () No

YOUR DRIVING RECORD WILL BE CHECKED IF YOU DRIVE A COMPANY VEHICLE.

EDUCATION:

High School _____

Address _____

City _____ State _____ Zip _____

Last grade completed _____

Grade Point Avg _____ Did you graduate? () Yes () No

Still Enrolled? () Yes () No

Trade or College _____ Address _____

City _____ State _____ Zip _____ Last grade completed _____

Course/Major _____ Degree(s) or Certification(s) _____

Grade Point Avg _____ Did you graduate? () Yes () No **Still Enrolled?** () Yes () No

EMPLOYMENT HISTORY: (start with most recent employer)

Company _____
Address _____
City _____ State _____ Telephone _____ Job Title _____
Salary / Wage _____ per _____ Dates Worked: From _____ To _____
Still Employed? () Yes () No May we contact this employer? () Yes () No Supervisor _____
Reason for leaving _____
Reference Check Performed By _____

Company _____
Address _____
City _____ State _____ Telephone _____
Job Title _____
Salary / Wage _____ per _____ Dates Worked: From _____ To _____
Still Employed? () Yes () No May we contact this employer? () Yes () No
Supervisor _____
Reason for leaving _____
Reference Check Performed By _____

Company _____
Address _____
City _____ State _____ Telephone _____
Job Title _____
Salary / Wage _____ per _____ Dates Worked: From _____ To _____
Still Employed? () Yes () No May we contact this employer? () Yes () No
Supervisor _____
Reason for leaving _____
Reference Check Performed By _____

*DURING THE LAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR PLED NO CONTEST TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? () YES () NO
IF YES, DESCRIBE: _____

* A conviction will not necessarily bar you from employment. Also, see applicable state restrictions below.

MILITARY SERVICE:

Branch _____ Date [Entered _____ Discharged _____] RANK _____
Do you have service-related skills applicable to civilian employment? () Yes () No
If Yes, describe: _____

ADDITIONAL INFORMATION: (all applicants)

List additional training or experience

Please provide three (3) references (2 professional and 1 personal) that we can contact:

Name _____ Phone Number _____ Relationship _____
Name _____ Phone Number _____ Relationship _____
Name _____ Phone Number _____ Relationship _____

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN IN THE SPACE PROVIDED:

I hereby certify that I have read and fully completed this application and that the facts set forth in this employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, will subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and am seeking employment with this company solely to provide me with the benefits of a job and for no other purpose.

I understand that in connection with my application for employment an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and standard of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

I acknowledge that Choggiung Limited and Subsidiaries reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between this Company and its employees. At this Company, my employment is at will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and this Company retains the same rights. I further understand and agree that the CEO of this Company is the only person who may make an exception to this, including the at-will status of my employment, and it must be in writing and duly executed by the CEO of this Company.

If applicable to my employment, I have read and understood the notice regarding polygraph tests and my rights under this state's law.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the references and/or employers listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to you. I agree and understand that Choggiung Limited and Subsidiaries and its agents may investigate or seek information concerning my background and/or previous employment, whether of record or not. I further agree and understand that if employed, Choggiung Limited and Subsidiaries may at any time seek any information from whatever source, which in its discretion, it deems relevant to my employment.

NO DRUG USE POLICY: This Company does not hire persons who use illegal drugs. All persons seeking employment or employed with this Company may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I hereby voluntarily consent to provide a urine specimen (or blood specimen as required for alcohol testing only) at a collection facility designated by Choggiung Limited and Subsidiaries, and further consent to have the specimen tested at a laboratory selected by Choggiung Limited and Subsidiaries. I hereby certify that I (check one) do _____ or do not _____ use illegal drugs.

Signature _____ Date _____

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF CONSUMER REPORT**

In connection with your application for employment and as part of the process of considering your candidacy as an employee, we may procure, or cause to be procured, a consumer report on you. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Print Name

Applicant's Signature

Date