



**CONFIDENTIAL**

**APPLICATION FOR EMPLOYMENT**  
**Equal Opportunity Employer**

**Anchorage & Rebar**  
 6180 Electron Drive  
 Anchorage, AK 99518  
 (P) 907-561-1188  
 (F) 907-561-2935  
 800-770-0969

**Fairbanks**  
 2800 S. Cushman St.  
 Fairbanks, AK 99701  
 (P) 907-456-2719  
 (F) 907-451-0449

**Kenai**  
 205 Trading Bay Rd.  
 Kenai, AK 99611  
 (P) 907-283-3880  
 (F) 907-283-3759

**PERSONAL INFORMATION**

[www.alaskasteel.com](http://www.alaskasteel.com)

DATE: \_\_\_\_\_

Last Name, First Name		Social Security No.	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip
Phone	Referred By	AK Driver's License No.	(A Current Driving Record Is Required)

**POSITION APPLYING FOR**

Position	Starting Date	Desired Salary/Hourly Rate	
Currently Employed?	May We Contact Your Present Employer?	Are You Willing To Relocate?	Have You Applied To <i>Alaska Steel</i> Before? If So, When and Where?

**EMPLOYMENT HISTORY** (Most Recent Employer First)

Position	Employer Name & Contact	Dates of Employment	Salary/Hrly Rate	Reason For Leaving

**EDUCATION HISTORY**

School Name & Location	Years Attended	Graduate?	Subjects Studied
High School			
College			
Trade/Business School			

Special Training/Skills	
	U.S. Armed Forces & Rank If Applicable

**REFERENCES**

Name	Contact Number	Relation	Years Known

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

**AT WILL EMPLOYMENT POLICY**

The employment relationship between the company and the employee is an "at will" relationship. The employment relationship and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or the employee.

**CONFIDENTIALITY**

Any and all information submitted in this application is and will be kept in the strictest of confidence.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed By	Date	Remarks