



# UA Local 375 Fairbanks, AK

## EMPLOYMENT APPLICATION

### Application Information

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		

Position applied for: (check box)	Welder Helper	Welder	Plumber	Pipefitter	HVAC/R Service Tech
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Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a valid Driver's License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever worked for a Union?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, which one? _____
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, with who? _____

### Education

High school:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Diploma: _____
College:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: _____
Other:	_____	Address:	_____
From:	_____	To:	_____
		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/> Degree: _____

## References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

## Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Military Service

Branch:	_____	From:	_____ To: _____
Type of Discharge:	_____	MOS:	_____

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	_____	Date:	_____
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\*\*\*Please email application, resume, and valid driver's license to: [tsmith3@uanet.org](mailto:tsmith3@uanet.org)

\*\*\*Please email any current certifications you would like us to have on file to: [tsmith3@uanet.org](mailto:tsmith3@uanet.org)