



First National Bank ALASKA

MEMBER FDIC

1751 Gambell Street, Ste. 229
P.O. Box 100720
Anchorage, AK 99510-0720

Requisition Number	Date Fwd to Supervisor	Applicant Number
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APPLICATION FOR EMPLOYMENT

www.FNBAlaskajobs.com

Job Line: 907/777-3470 (Anch/ER) Fax: 907/777-4304
Applicants living in other communities call: 1-877-360-3470

Applications are only accepted for positions that are currently open and posted on our Job Line or Website. Please complete all areas of this application. A separate application is necessary for each position you are applying for. Please return completed application(s) to the address above or to your nearest branch.

Application Date		Social Security Number		Position Applying For	
Last Name		First Name		Middle Initial	Home Phone
Preferred Name			Previous Name (if applicable)		Message Phone
Mailing Address		City	State	Zip Code	
Physical Address		City	State	Zip Code	
Email Address					
Are you 18 or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you eligible to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		Please Note: Before employment, you will be asked to complete an I-9 Form for Employment Eligibility Verification.	
Referral Source <input type="checkbox"/> Job Posting <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Line <input type="checkbox"/> Agency <input type="checkbox"/> School Recruiting <input type="checkbox"/> Job Fair <input type="checkbox"/> Internet <input type="checkbox"/> Employee Name _____ <input type="checkbox"/> Other _____			Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have relatives employed by this bank? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please provide names, _____
			Are you willing to relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you been previously employed by this bank? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, when were you employed? _____
Desired Start Date: _____		Minimum Acceptable Pay Rate Amount _____ Per <input type="checkbox"/> Hour <input type="checkbox"/> Monthly <input type="checkbox"/> Annual			Type of Employment <input type="checkbox"/> Regular <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Either <input type="checkbox"/> Either
Desired Number of Hours Per Week		Desired Location First Choice: _____ Second Choice: _____		Desired Work Days <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday <input type="checkbox"/> Sunday <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday	
May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		Have you ever applied for a position at this bank? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate dates (month/year).			
Do you have a valid Alaska driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO (Some positions require a valid Alaska license. A license, however, is not required for application.)					
Have you ever been fired, suspended or allowed to resign for cause? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain.					

Have you ever been convicted of a criminal offense involving dishonesty or breach of trust? In the event you are hired, your fingerprints will be used to check the criminal history records of the FBI.

YES NO If yes, please explain _____



Printed Name: _____

General Office Skills		
Typing/Keyboarding Speed WPM	Please check if the following skills apply. <input type="checkbox"/> Filing 10 Key/Calculator By <input type="checkbox"/> Sight <input type="checkbox"/> Touch	List other applicable office skills. _____ _____

Office Software Skills - List additional below					
Word Processing <input type="checkbox"/> Word <input type="checkbox"/> Other _____	Spreadsheet <input type="checkbox"/> Excel <input type="checkbox"/> Other _____	Presentation Managers <input type="checkbox"/> Powerpoint <input type="checkbox"/> Other _____	Database <input type="checkbox"/> Access <input type="checkbox"/> SQL <input type="checkbox"/> Other _____	Schedulers / E-Mail <input type="checkbox"/> Outlook <input type="checkbox"/> Other _____	Internet <input type="checkbox"/> Internet Explorer <input type="checkbox"/> Other _____

Describe any specialized training, apprenticeship, skills, extra-curricular activities or other relevant information.

Describe any job-related training received in the United States Military.

Education (transcripts may be required)							
	Degree/Diploma/ Certification	No. Years Attended	Graduated	Major	GPA	School Name	State
High School / GED			<input type="checkbox"/> Yes <input type="checkbox"/> No				
College / University			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Technical School			<input type="checkbox"/> Yes <input type="checkbox"/> No				

Degree Legend:

NG Non Graduate	AA Associate of Arts	BA Bachelor of Arts	MA Master of Arts	MS Master of Science
HS High School Graduate	AAS Associate of Applied Science	BBA Bachelor of Business	MBA Master of Business Admin	MSL Master of Science-Law
DIP GED Diploma	ABA Associate of Business Admin	BE Bachelor of Engineering	MCE Master of Civil Engineering	MT Master of Theology
CER Certificate	AE Associate of Engineering	BFA Bachelor of Fine Arts	MDI Master of Divinity	PHD Doctor of Philosophy
SEC Secretarial	AS Associate of Science	BS Bachelor of Science	ME Master of Engineering	JD Juris Doctor
TS Trade School		BSL Bachelor of Science-Law	MED Master of Education	PHS Doctor of Science
RN Registered Nurse		BT Bachelor of Theology	MEE Master of Electrical Engineering	PHE Doctor of Engineering

Honors		
Date Received	Honor or Award	Grantor

Licenses and Certifications							
License - Certification Code (Internal Use Only)	License - Certification Number	Date Issued	Issued By	Expiration/Recertification Date	State Issued In	License Verified (Internal Use Only)	Renewal In Progress (Internal Use Only)
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Professional Memberships			
Organization	Membership Date	Organization	Membership Date



Printed Name: _____

Starting with the present or most recent, list previous employers regardless of position or length of employment. **DO NOT REPLY "REFER TO RESUME."** If you were not employed please explain that period of time (i.e. school, stayed home, volunteer work). For additional work history attach information with your signature.

EMPLOYMENT HISTORY — MOST RECENT FIRST			
Employment Dates	Salary	Employer	Job Title and Job Description
From (mmddyy)	Starting <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Name	Job Title
To (mmddyy)	Ending <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Address	Job Description <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Supervisor name		City, State	
Telephone Number	Fax Number	Email	Reason for Leaving
Did you resign? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you were asked to leave please explain. _____ _____		
Employment Dates	Salary	Employer	Job Title and Job Description
From (mmddyy)	Starting <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Name	Job Title
To (mmddyy)	Ending <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Address	Job Description <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Supervisor name		City, State	
Telephone Number	Fax Number	Email	Reason for Leaving
Did you resign? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you were asked to leave please explain. _____ _____		
Employment Dates	Salary	Employer	Job Title and Job Description
From (mmddyy)	Starting <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Name	Job Title
To (mmddyy)	Ending <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Address	Job Description <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Supervisor name		City, State	
Telephone Number	Fax Number	Email	Reason for Leaving
Did you resign? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you were asked to leave please explain. _____ _____		
Employment Dates	Salary	Employer	Job Title and Job Description
From (mmddyy)	Starting <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Name	Job Title
To (mmddyy)	Ending <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Address	Job Description <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Supervisor name		City, State	
Telephone Number	Fax Number	Email	Reason for Leaving
Did you resign? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you were asked to leave please explain. _____ _____		



Printed Name: _____

Please read before signing:

First National Bank Alaska is an Equal Opportunity Employer and does not discriminate because of race, religion, color, sex, age, national origin, pregnancy, childbirth or related medical condition, parenthood, marital status or changes in marital status and without discrimination against any Vietnam Era Veteran, disabled veteran, or disabled person who is qualified to perform the work available.

A workplace with drugs is dangerous for user and non-user alike. It is the policy of First National Bank Alaska that the manufacturing, distribution, dispensation, possession or use without a prescription of a controlled substance on bank premises is prohibited. Any employee who is convicted of violating any criminal drug statute must notify management as soon as possible, and in any event, within five days after such conviction. An employee's failure to appropriately notify management or for drug abuse violations on bank premises, or any other drug and alcohol abuse, may result in the disciplinary action, up to and including termination of employment.

Initials

In the event of my employment with the Bank, I will comply with all rules, procedures, and regulations including those rules, procedures and regulations set forth in the Bank's employee handbook or other communications distributed to me. I understand the furnishing of any misleading or incorrect information will render this application void in the event of my employment and may result in immediate termination regardless of when the Bank discovers the misleading or incorrect information. I authorize investigation by First National Bank Alaska of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize First National Bank Alaska to contact any references I have listed. I hereby release First National Bank Alaska and any and all of my former employer(s), individual(s) and/or business(es) who provide references for me from any and all liability associated with their provisions of references for me.

Initials

I authorize the Bank to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency or other party, with legal and proper interests. I understand and agree the Bank may terminate my employment at any time without prior notice or liability of any kind, except for wages and accrued benefits earned and unpaid at the time of such termination. It is further understood this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically authorized by the affirmative act of the Board of Directors of First National Bank Alaska.

I further understand submitting this application to First National Bank Alaska does not imply an interview will be conducted or I will be employed.

I certify all statements made by me on this application are true and complete to the best of my knowledge and I have withheld nothing that would, if disclosed, unfavorably affect this application.

Initials

I hereby acknowledge I have read and understand the above statements.

Signature of Applicant

Date



First National Bank
A L A S K A

MEMBER FDIC

AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

Reference Letter-Former Employer

Please read before signing:

I have submitted an application to First National Bank Alaska for employment.

I request and authorize all past employers listed on my application to release the information requested below by First National Bank Alaska concerning my employment record. Copies of this authorization may be used.

I hereby release you and all individuals or persons connected herewith from all liability or damage whatsoever incurred in furnishing such information.

Name(s) used with past employer(s) _____

Social Security Number _____

Date _____ Signature _____

(Applicant-Do not write below this line)

Company Name: _____ Phone Number: (_____) _____ - _____

Employee Title: _____

Date of employment: _____

Reason for job departure: _____

Main duties: _____

Performance: _____

Technical Skills (keyboarding, 10-key, PC, etc.): _____

Eligible for rehire: Yes No

Other comments: _____

Violence or dishonesty issues we should be aware of: Yes No

Company's representative's name: _____

Company's representative's title: _____

Signature: _____ Date: _____

**Please fax your response to 907/777-4304.
Thank you, we appreciate your time.**

An Equal Opportunity and Affirmative Action Employer

An Equal Opportunity and Affirmative Action Employer

It is the policy of First National Bank Alaska to provide equal opportunity in employment to all employees and applicants and to recruit, hire, train and promote persons in all job titles, without regard to race, religion, color, sex, age, national origin, pregnancy, childbirth or related medical condition, parenthood, marital status or changes in marital status and without discrimination against any Vietnam Era Veteran, disabled veteran, or other eligible veteran or disabled person who is qualified to perform the work available.

This policy applies to all terms, conditions, and privileges of employment including hiring, initial performance review period, training and development, promotion, transfer, compensation, benefits, educational assistance, layoff, social and recreational programs, facilities, termination, and retirement.

THIS DATA WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION

Please provide the following REQUIRED INFORMATION

Social security number	Last name	First name	MI
Today's date		Position applying for	

The following information is VOLUNTARY

Age 18 or older? Yes No Male Female

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. All information will be reported in the same seven race/ethnicity categories identified below.

Choose the race you most identify with:

- Hispanic or Latino** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White** (not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American** (not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.
- Asian** (not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** (not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native** (not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races** (not Hispanic or Latino)