



Linkup Alaska LLC
5334 Commercial Blvd
Juneau, AK 99801

EMPLOYMENT APPLICATION

Application Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Date Available: _____ Social Security No: _____ Desired Salary: _____

Position Applied For: _____

Are you a Citizen of the USA?	Yes	No	If not, are you authorized to work in the USA?	Yes	No
Have you ever worked for this company?	Yes	No	If yes, When?		
Have you ever been convicted of a Felony?	Yes	No	If Yes, Explain		
Are you willing to travel?	Yes	No	Are you willing to work at Heights and Outdoors?	Yes	No
Do you have a Valid Driver's License?	Yes	No	Do you have a Commercial Driver's License?	Yes	No

Skills and Qualifications

Please Check any Certifications you have and provide a date:

OSHA 10/30		CPR/First Aid	
Tower Climber Certifications		RF Awareness	
Fiber Splicing		Bloodborne Pathogens	
Competent Climber		Competent Rigger	
Capstan Operator		Crane Signal	
Hazcom		Heat Stress	
Lock Out Tag Out		NWSA TTT	

List any additional skills or experience relevant to telecom construction:

Education

High School: _____ From: _____ To: _____

Did you graduate? _____

College: _____ From: _____ To: _____

Did you graduate? _____ Degree: _____

Other: _____

Employment History

Begin with the Most Recent

Company Name: _____

Position: _____ Starting Salary: _____ Dates from: _____ to: _____

Reason for Leaving: _____

Supervisor Name & Contact Information: _____

Company Name: _____

Position: _____ Starting Salary: _____ Dates from: _____ to: _____

Reason for Leaving: _____

Supervisor Name & Contact Information: _____

Company Name: _____

Position: _____ Starting Salary: _____ Dates from: _____ to: _____

Reason for Leaving: _____

Supervisor Name & Contact Information: _____

References

Professional Only

1.) Name: _____ Phone: _____ Relationship: _____

2.) Name: _____ Phone: _____ Relationship: _____

3.) Name: _____ Phone: _____ Relationship: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that the information provided is true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____