



APPLICATION FOR EMPLOYMENT

Name: _____
(Last) (First) (Middle)

Position Applied For: _____ Date: _____

Positions for application include: Geologist, Engineer, Metallurgist, Surveyor, Geotechnician, Expeditor, Logistics Coordinator, Camp Manager, Project Manager, Core Driller, Core Driller Helper, Pad Builder, Geophysical Line Clearer, Field Supervisor, Drill Mechanic, including internship for any of the above positions

YUKUSKOKON PROFESSIONAL SERVICES, LLC. IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Yukuskokon Professional Services, LLC. to provide Equal Opportunity for all qualified persons and to not discriminate on the basis of race, religion, national origin, color, sex, age, marital or veteran status, disability, or any other legally protected status. Applicant selection decisions are based on applicant qualification and job-related factors.

PLEASE READ CAREFULLY

Offers of employment will be made only after the following:

1. Accurate and complete reporting of information as requested on this application form (applicant must signed and date the application).
2. Interview by appropriate company representative.
3. Verification of past employment and inquiries into the quality of work and reliability of the applicant.
4. Approvals of the offer by authorized Yukuskokon officials.

All offers of employment are contingent upon satisfactory pre-employment drug screening.

Applicants, if hired, are required to provide documents needed to complete an Employment Eligibility Verification (Form I-9).

YUKUSKOKON PROFESSIONAL SERVICES, LLC.



P.O. Box 870507, Wasilla, AK 99687 U.S.A

PH: 907-373-4000, Fax: 907-373-4010

APPLICATION FOR EMPLOYMENT

Personal Data

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street or PO Box) (City) (State) (Zip)

Physical Address: _____
(If different from above)

Telephone Number: _____ Social Security No. _____
(Home) (Message)

Position Desired: _____ Expected Wage: _____ Date Available: _____

Type of Employment Desired: Full Time Temporary Student Temporary

Will you work shift work? Yes No Will you work Weekends? Yes No

Will you work overtime? Yes No

Have you ever applied to work with Yukuskokon Professional before? Yes No Have you ever worked for Yukuskokon Professional? Yes No

How did you learn about our company? Employee Referral Name of Employee: _____
Employment Agency Advertisement Walk-in Other _____

Are you presently employed? Yes No Do you need to give notice? Yes No

May we contact your present employer? Yes No Do you have a valid drivers license? Yes No

Have you had your drivers license revoked or suspended in the last 5 years? Yes No (Yes does not automatically bar employment)

Have you ever been convicted of a misdemeanor which resulted in incarceration? Yes No (Yes does not automatically bar employment)

Have you ever been convicted of a felony? Yes No (Yes does not automatically bar employment)

Please describe the nature of the crime and your subsequent rehabilitation (Attach additional sheets if needed): _____



Work History

Describe employment for the last five years. List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any period of unemployment. You may also include volunteer work. If self-employed, give firm name and supply business references. Use blank paper if you do not have enough room.

Have you ever been fired or asked to resign? Yes No

If yes, please give details (attach additional sheet if necessary) _____

Present or most recent employer: _____ From: _____ To: _____
(Month/Year/Pay Rate) (Month/Year/Pay Rate)

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Type of Business: _____

Position: _____
(Title) (Duties)

Supervisor: _____
(Name) (Title)

Reason for leaving: _____

Present or most recent employer: _____ From: _____ To: _____
(Month/Year/Pay Rate) (Month/Year/Pay Rate)

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Type of Business: _____

Position: _____
(Title) (Duties)

Supervisor: _____
(Name) (Title)

Reason for leaving: _____

Present or most recent employer: _____ From: _____ To: _____
(Month/Year/Pay Rate) (Month/Year/Pay Rate)

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Type of Business: _____

Position: _____
(Title) (Duties)

Supervisor: _____
(Name) (Title)

Reason for leaving: _____

Additional Employment History:



Education and Training

Please list all education, training, or experience you feel relates to the position applied for that would help you perform the work (schools, colleges, degrees, vocational or technical programs, military training, hobbies, etc.)

High School

Name and location of last school attended _____
Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Graduation Date _____

College

Name and location of last school attended _____
Major _____ Degree: _____ Graduation Date: _____

Other

Name and location of last school attended _____
Course _____ Degree: _____ Graduation Date: _____

Military

Have you ever served in the U.S. Armed Forces or State Militia? Yes No

Please describe any special job-related training you have received: _____

References

Give the names of three persons who have known you for at least one year, not relatives or former employers.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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I voluntarily authorize the Company and its representatives, agents and contractors to conduct at any time (including after hiring in the event that I am hired) a thorough investigation of my past employment, educational and personal history, and I agree to cooperate in such investigations. I also authorize, now and at any time in the future, any educational institution, employer or other persons or entities named herein to release to the Company and its representatives any and all information and transcripts concerning me regarding or relating to my employment, character, qualifications, experience, education and ability to perform the job for which I am being considered or any future job if I am hired. I hereby fully, completely and forever release from all liability or responsibility all persons, organizations and corporations requesting or furnishing such information, and I hereby waive any objections I may have to the Company's receipt and use of such information: _____ **Initials**

I understand that according to Federal Law, all individuals who are hired must, as a condition of their employment, produce certain documents to verify their identity and U.S. citizenship status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment is contingent upon my ability to produce the required documentation within the time period required by law and that the failure to produce such documentation will result in my dismissal and/or the withdrawal of any such offer of employment. _____ **Initials**

I hereby agree to submit to any lawful integrity testing and any drug/alcohol testing as a condition of my employment or continued employment, and I understand that refusal to submit to such testing or failure to successfully pass any such required testing (including testing in conjunction with this application) will result in termination and/or withdrawal of any such offer of employment and that any such failure during the course of my employment may result in discharge. Possible drug/alcohol testing includes tests made on a pre-employment basis, on a reasonable suspicion, following an accident involving damage to property or personal injury, on a random basis, and in other circumstances permitted by law. _____ **Initials**

If hired, I agree to comply with all Company rules, policies, and procedures, including those pertaining to patent/invention matters, conflicts of interest, health, safety, security and otherwise. _____ **Initials**

I understand and agree that the company is free to change its rules, policies and procedures, including my wages, hours and working conditions at any time without notice. I understand that the employment relationship is one "at will" in which either the company is or I am free to terminate the relationship at any time, with or without notice, with or without any cause and without compensation. I further understand that other than a representative from the human resource department, no manager, supervisor or company representative has authority to enter into any agreement for employment for any specified period of time, or to make any agreement to the contrary to the foregoing, and then only in writing. _____ **Initials**

I hereby certify that I have read and understand all of the matters in this application and that the information and answers provided by me (and my accompanying resume and other documents submitted by me, if any) are true and complete to the best of my knowledge and that any false or misleading information or omissions made in connection with such documents or with the above investigation will be sufficient grounds for removal of my application from consideration or for immediate dismissal, regardless of when the same are discovered. _____ **Initials**

I understand that all Company property must be returned and my indebtedness to the Company must be paid before any termination. I authorize the Company to deduct from my final paycheck(s) all monies due and owing to the company including payment for unreturned Company Equipment/Property. _____ **Initials**

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete baseline physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. _____ **Initials**

I understand that I may be required to successfully pass a drug screening examination, I hereby consent to a pre- and/or post employment drug screen as a condition of my employment, if required. _____ **Initials**

No offer of employment by the company is final until a prospective employee has successfully completed the Company's screening process. _____ **Initials**

You should not rely in any fashion upon a contingent offer of employment from the Company or otherwise take any action adverse to your current circumstances based upon a contingent offer of employment. Unless or until a final offer of employment is made, you should not take any action which could result in financial loss if a contingent offer is withdrawn, such as giving notice or intent to terminate your current employment, selling real estate, or incurring any other costs associated with accepting employment with the Company. No such activity should be undertaken until after medical clearance has been received and you have received

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an official written final offer letter of employment from the company and have successfully completed pre-employment screening and completely filled out all employment documents required by the Company. Under no circumstances will prospective employees report to work before medical and pre-employment drug screening clearance is received. _____ **Initials**

PLEASE NOTE: Applicants are considered for a 1 year period only and only in the position for which application is made. If you wish to be considered after 360 days from the date of this application or for any other position, please submit new application. _____ **Initials**

I will not distribute copies of this application. Inquiries regarding applications should be directed to a Company representative. _____ **Initials**

I have read and understand all information contained in this application and by signing below acknowledge such.

Signed: _____ Date: _____

Print Name: _____