

APPLICATION NUMBER



# EMPLOYMENT APPLICATION

Fax: (206) 382-6548  
email: [jobs@alaskancopper.com](mailto:jobs@alaskancopper.com)

Mailing Address: Attn: Human Resources, P.O. Box 3546, Seattle, WA 98124-3546  
Physical Address: 2958 6th Avenue South, Seattle, WA 98134

**ALASKAN COPPER & BRASS COMPANY** and **ALASKAN COPPER WORKS** are equal opportunity employers. It is our policy not to discriminate against employees or job applicants on the basis of race, religion, color, sex, age, national origin, marital status, sexual orientation, creed, mental sensory or physical disability, veteran status, or any other basis as provided under applicable regulation.

## YOUR PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Job applied for \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Secondary Telephone (\_\_\_\_) \_\_\_\_\_ Min. acceptable pay \$ \_\_\_\_\_

Have you read the Job Posting?  Yes  No If you have not, please do so now. Please let us know if you will need a reasonable accommodation to participate in our application or selection process.

Do you have the legal right to work in this country?  Yes  No

Have you worked for Alaskan Copper before?  Yes  No If yes, when? \_\_\_\_\_

If asked, would you be willing to work:  Swing Shift?  Graveyard?  Overtime?

IF WE EXTEND AN OFFER OF EMPLOYMENT TO YOU, A FINAL STEP IN THE HIRING PROCESS REQUIRES THAT YOU PASS A SCREEN FOR ILLEGAL DRUGS. APPLICANTS WHO CONFIRM POSITIVE FOR ILLEGAL DRUGS WILL NOT BE CONSIDERED FOR EMPLOYMENT. FOR SHOP AND WAREHOUSE POSITIONS A HEALTH REVIEW/PHYSICAL EXAMINATION IS REQUIRED. REASONABLE ACCOMMODATION WILL BE CONSIDERED ON AN INDIVIDUAL BASIS FOR KNOWN PHYSICAL OR MENTAL IMPAIRMENTS OF AN OTHERWISE QUALIFIED APPLICANT WITH A DISABILITY.

## YOUR EDUCATIONAL BACKGROUND

| Type           | Name and City | # of Years Attended | Graduate? | Degree or Major? |
|----------------|---------------|---------------------|-----------|------------------|
| High School    |               |                     |           |                  |
| College        |               |                     |           |                  |
| Business/Trade |               |                     |           |                  |
| Other          |               |                     |           |                  |

## YOUR DEMONSTRATED SKILLS (PLEASE CHECK)

\_\_\_\_ WPM Typing  10 Key by Touch  Data Entry  MIG Welding  TIG Welding  Other \_\_\_\_\_

Plate Fitting  Pipe Fitting  Lift Truck Operation  Pendant Operated Overhead Crane  Tank Layout

Press Brake Operation  Shear Operation  Blueprint Reading  Metal Cutting Saw Operation

## YOUR EMPLOYMENT EXPERIENCE

List your current or most recent job first and list all jobs - including military or volunteer experience:

|  |  |
|--|--|
| Firm Name:                                 | Description of duties. Be sure to state the job duties which relate to our job opening.              |
| Telephone: (    )                          |  |
| City/State/Zip (Full address if possible): |  |
| Position:                                  | Were you employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| From (Mo./Yr.) - To (Mo./Yr.):             | Please indicate:   |
| Hours per week:                            |  |
| Supervisor:                                | Type and Size of Company:  |
| Reason for Leaving:                        | May we contact the employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |
|--|--|
| Firm Name:                                 | Description of duties. Be sure to state the job duties which relate to our job opening.              |
| Telephone: (    )                          |  |
| City/State/Zip (Full address if possible): |  |
| Position:                                  | Were you employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| From (Mo./Yr.) - To (Mo./Yr.):             | Please indicate:   |
| Hours per week:                            |  |
| Supervisor:                                | Type and Size of Company:  |
| Reason for Leaving:                        | May we contact the employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |
|--|--|
| Firm Name:                                 | Description of duties. Be sure to state the job duties which relate to our job opening.              |
| Telephone: (    )                          |  |
| City/State/Zip (Full address if possible): |  |
| Position:                                  | Were you employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| From (Mo./Yr.) - To (Mo./Yr.):             | Please indicate:   |
| Hours per week:                            |  |
| Supervisor:                                | Type and Size of Company:  |
| Reason for Leaving:                        | May we contact the employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No |

## YOUR EMPLOYMENT EXPERIENCE - Continued

|  |  |
|--|--|
| Firm Name:                                 | Description of duties. Be sure to state the job duties which relate to our job opening.              |
| Telephone: (     )                         |  |
| City/State/Zip (Full address if possible): |  |
| Position:                                  | Were you employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| From (Mo./Yr.) - To (Mo./Yr.):             | Please indicate:   |
| Hours per week:                            |  |
| Supervisor:                                | Type and Size of Company:  |
| Reason for Leaving:                        | May we contact the employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Firm Name:                                 | Description of duties. Be sure to state the job duties which relate to our job opening.              |
| Telephone: (     )                         |  |
| City/State/Zip (Full address if possible): |  |
| Position:                                  | Were you employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| From (Mo./Yr.) - To (Mo./Yr.):             | Please indicate:   |
| Hours per week:                            |  |
| Supervisor:                                | Type and Size of Company:  |
| Reason for Leaving:                        | May we contact the employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No |

## CERTIFICATION AND EMPLOYMENT AGREEMENT

I certify that the information provided by me in this application is complete, truthful, and accurate. I understand and agree that my failure to provide complete, truthful and accurate information on this application or in the interview process will result in denial of employment, or, if already employed, immediate termination. I understand that my employment may be contingent upon passing a screen for illegal drugs, and a health review physical examination, proof of employment eligibility and checking of references. I authorize **ALASKAN COPPER** and its personnel to contact any and all references I have noted on this application for relevant information and I therefore release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing said information. If employed, I agree to conform to the rules and regulations and contractual obligations of the Company. I understand that my employment can be terminated at any time for any reason at the option of either the Company or myself. I understand that no person other than an officer of the Company has any authority to enter into any employment contract and should a contract be offered, it must be in writing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with **ALASKAN** will be based on your qualifications and the needs of the Company.

**"AN EQUAL OPPORTUNITY EMPLOYER"**



# EQUAL EMPLOYMENT OPPORTUNITY DATA SHEET

To enable **ALASKAN COPPER & BRASS COMPANY** and **ALASKAN COPPER WORKS** to meet government reporting regulations, applicants are requested (but not required) to complete this data sheet. Information will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential.

## DATA INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Sex: (Please check)  Male  Female

How did you learn of this job opening? \_\_\_\_\_

## RACE/ETHNICITY

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify)

- White** - (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, 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.
- 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), who maintain tribal affiliation or community attachment.
- Hispanic or Latino** - A person of Cuba, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander** - (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** - (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.



### Voluntary Self-Identification

#### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

#### Self-Identification of Disability

##### What is a Disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

|   |  |   |  |
|---|--|---|--|
| <ul style="list-style-type: none"> <li>• Blindness</li> <li>• Deafness</li> <li>• Epilepsy</li> <li>• Cancer</li> <li>• Diabetes</li> <li>• Autism</li> </ul> | <ul style="list-style-type: none"> <li>• Major Depression</li> <li>• Schizophrenia</li> <li>• Bipolar Disorder</li> <li>• Obsessive Compulsive Disorder</li> <li>• Muscular Dystrophy</li> </ul> | <ul style="list-style-type: none"> <li>• Multiple Sclerosis (MS)</li> <li>• Missing Limbs or Partially Missing Limbs</li> <li>• Intellectual disability (previously called mental retardation)</li> <li>• Cerebral Palsy</li> </ul> | <ul style="list-style-type: none"> <li>• Post-Traumatic Stress Disorder (PTSD)</li> <li>• Impairments requiring the use of a wheelchair</li> <li>• HIV/AIDS</li> </ul> |
|---|--|---|--|

##### Please indicate below whether you have a disability:

- Yes I have a disability (or have previously had a disability)
- No, I do not have a disability
- I do not wish to answer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

#### Reasonable Accommodation

Federal law requires us to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedure, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

#### Protected Veterans

The following are definitions of protected veterans. Please indicate if any of the following apply to you.

- Disabled Veteran
- Veterans who served on active duty in the Armed Forces during a war or in a campaign or expedition where a campaign badge was authorized
- Veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which and Armed Forces service medal was awarded pursuant to Executive Order No. 12985
- Recently separated Veteran
- I am not a veteran or do not wish to answer.

If you indicated that you are a protected veteran, what was your discharge date?      Date of discharge: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand that submission of this information is voluntary, that information will be kept confidential, and that refusal to provide information about disability will not subject me to any adverse treatment.