

APPLICATION NUMBER



EMPLOYMENT APPLICATION

Fax: (206) 382-6548
email: 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:			
From (Mo./Yr.) - To (Mo./Yr.):			
Hours per week:	Hired Salary: <input type="checkbox"/> Hourly \$	Were you employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate:	
Reason for Leaving:	<input type="checkbox"/> Monthly		
	Ending Salary: <input type="checkbox"/> Hourly \$		
	<input type="checkbox"/> Monthly		
Supervisor		Type and Size of Company:	
		May we contact the employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Telephone: ()			
City/State/Zip (Full address if possible):			
Position:			
From (Mo./Yr.) - To (Mo./Yr.):			
Hours per week:	Hired Salary: <input type="checkbox"/> Hourly \$	Were you employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate:	
Reason for Leaving:	<input type="checkbox"/> Monthly		
	Ending Salary: <input type="checkbox"/> Hourly \$		
	<input type="checkbox"/> Monthly		
Supervisor		Type and Size of Company:	
		May we contact the employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Telephone: ()			
City/State/Zip (Full address if possible):			
Position:			
From (Mo./Yr.) - To (Mo./Yr.):			
Hours per week:	Hired Salary: <input type="checkbox"/> Hourly \$	Were you employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate:	
Reason for Leaving:	<input type="checkbox"/> Monthly		
	Ending Salary: <input type="checkbox"/> Hourly \$		
	<input type="checkbox"/> Monthly		
Supervisor		Type and Size of Company:	
		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:			
From (Mo./Yr.) - To (Mo./Yr.):			
Hours per week:	Hired Salary: <input type="checkbox"/> Hourly \$	Were you employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate:	
Reason for Leaving:	<input type="checkbox"/> Monthly		
	Ending Salary: <input type="checkbox"/> Hourly \$		
	<input type="checkbox"/> Monthly		
Supervisor		Type and Size of Company:	
		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:			
From (Mo./Yr.) - To (Mo./Yr.):			
Hours per week:	Hired Salary: <input type="checkbox"/> Hourly \$	Were you employed under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate:	
Reason for Leaving:	<input type="checkbox"/> Monthly		
	Ending Salary: <input type="checkbox"/> Hourly \$		
	<input type="checkbox"/> Monthly		
Supervisor		Type and Size of Company:	
		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.