



APPLICATION FOR EMPLOYMENT

Please complete this form and fax all 4 pages to (907) 272-9855 or email to careers@tanaq.com

Position Applied For Hotel Housekeeper (Part-time) Date _____

PERSONAL INFORMATION

First Name _____ Last Name _____

Home Address _____

Town/City/Island _____ State _____

Phone _____ Email _____

Date available to start work _____ Desired hourly pay _____

Did someone refer you for this job? Yes No If yes, provide name _____

Do you have any relatives employed by SGT? Yes No If yes, provide name _____

Are you legally eligible to work the United States? Yes No Are you over 18 years of age? Yes No

EMPLOYMENT HISTORY

Company Name & Location _____

Position _____ Start & End Date _____

Responsibilities _____

Reason for leaving _____

First Name _____ Last Name _____

Company Name & Location _____

Position _____ Start & End Date _____

Responsibilities _____

Reason for leaving _____

EDUCATION

School Name _____ Level High School College

Did you graduate? Yes No Degree Obtained _____

ADDITIONAL INFORMATION

Skills & Qualifications (Optional) _____

ACKNOWLEDGEMENT

By submitting my application, I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge.

Signature _____ Date _____

IMPORTANT: Please also choose answers to the underlined questions in the following 2 pages.

St George Tanaq Corporation participates in E-Verify, the federal program for electronic verification of employment eligibility. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

St. George Tanaq Corporation is an Equal Opportunity and Affirmative Action Employer and participates in E-Verify. All employment decisions at SGT are based on merit, qualifications, and abilities. We welcome and encourage diversity in our workforce. Our policies provide equal employment opportunity to all employees and qualified applicants without regard to race, color, religion, national origin, sex, age, disability, pregnancy, sexual orientation, gender identity, transgender status, genetic information, protected veteran status, or any other protected characteristic under federal, state, or local laws. For individuals with disabilities who would like to request an accommodation, please contact us for assistance at 907-272-9886 or careers@tanaq.com.

Name: _____

Date: _____

Equal Employment Opportunity

This information is collected in compliance with government record-keeping requirements. It is completely optional for you to submit and will be used only for Equal Employment Opportunity reporting and statistical purposes. It is not viewed or used as a part of the recruiting or hiring process.

Gender (required) - Choose one: Male Female I choose not to self-identify

Race and/or Ethnicity (required) - Choose one: Hispanic/Latino Asian (Not Hispanic or Latino)

American Indian or Alaskan Native (Not Hispanic or Latino) Black or African American (Not Hispanic or Latino)

Native Hawaiian/Other Pacific Islander (Not Hispanic or Latino) White (Not Hispanic or Latino)

Two or More Races I choose not to self-identify

Voluntary Self-Identification of “Protected” Veteran Status

Why Are You Being Asked to Complete This Form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

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 <https://www.dol.gov/ofccp>

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected Veterans listed above, please indicate by selecting the appropriate option below.

Veteran Status (required) - Choose one: I do not wish to answer I am not a protected veteran
 I identify as one or more of the classifications of protected veteran as defined by VEVRAA

What Categories of Veterans Are “Protected” by VEVRAA?

“Protected” veterans include the following categories; (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

- A “disabled veteran” is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs;
 - A person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Name: _____

Date: _____

- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll- free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected Veterans listed above, please indicate by selecting the appropriate option below. As a government contractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Voluntary Self-Identification of Disability Form CC-305 • OMB Control # 1250-0005 • Expires 5/31/2023

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do I know if I have 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 if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Disability Status (required) – Choose one: I Don't Wish to Answer

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

No, I Don't Have A Disability, Or A History/Record Of Having A Disability