



ENSTAR Natural Gas Company

P.O. Box 190288
Anchorage, AK 99519-0288

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

It is the policy of Enstar Natural Gas Company to provide equal opportunity for all qualified persons and not to discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, sex, marital status, pregnancy, parenthood, physical or mental disability or other protected status.

PERSONAL	Full Name	Last	First	Middle	Social Security Number
	Mailing Address	Street	City	State	Zip Code
	Contact Telephone No. (Give Area Code)	Alternative Contact Telephone No. (Give Area Code)			If under 18 years give date of birth — Mo. Day Year
	List previous address for last three years and permanent address if different from above				
	How did you learn of this opening?				
	Do you have a legal right to work in the U.S.? Non-U.S. Citizen - Please indicate U.S. Visa status Other				

EMPLOYMENT	Type of Employment Desired	Salary Expected	Date Available for Work	Can You:	Yes	No
	___ Regular ___ Full-Time ___ Summer			Perform Shift Work?	___	___
	___ Temporary ___ Part-Time			Work Overtime (If Necessary)?	___	___
	Job preferred and number of years experience in this work			Are there any hours, shifts or days you cannot or will not work?		

	NAME OF SCHOOL	LOCATION	COURSE OR MAJOR	YEARS ATTENDED		GRADUATE DEGREES
				FROM	TO	
	High School					
	College					
	Business or Trade School					
Scholastic standing in High School _____ In College _____						
Extracurricular activities and offices held in High School and College _____						
In addition to your work history (reverse side), what other experiences, skills or qualifications would qualify you for work with our company? _____						

ACTIVITIES	List School, Civic or Professional Activities and Offices Held
	Hobbies, Leisure Time Interest

SPECIAL TRAINING OR QUALIFICATIONS	List Business Machines You Can Operate	List Machine, Tools and Equipment You Can Operate
	Typing Speed _____ WPM	Shorthand Speed _____ WPM
	Describe any other special training or skills which are in any way related to the kind of work you are applying for.	

U.S. MIL.	Branch of Service	From (MO/YR)	To (MO/YR)	Rank on Discharge
	What kind of duty (especially if technical in nature)		What specialized training did you receive?	

PRESENT OR LAST EMPLOYMENT

Name of present or last employer				Type of business		Address, City, State			
Starting Date		Ending Date		Starting Pay	Final Pay	Reason for Leaving:		May We Contact?	
Month	Year	Month	Year						
Job Title (Present or Last)				Name of Supervisor		Phone	Supervisor's Job Title		
Description of work and responsibilities									

PREVIOUS EMPLOYMENT

Name of next previous employer				Type of business		Address, City, State			
Starting Date		Ending Date		Starting Pay	Final Pay	Reason for Leaving:		May We Contact?	
Month	Year	Month	Year						
Job Title (Last)				Name of Supervisor		Phone	Supervisor's Job Title		
Description of work and responsibilities									

Name of next previous employer				Type of business		Address, City, State			
Starting Date		Ending Date		Starting Pay	Final Pay	Reason for Leaving:		May We Contact?	
Month	Year	Month	Year						
Job Title (Last)				Name of Supervisor		Phone	Supervisor's Job Title		
Description of work and responsibilities									

Name of next previous employer				Type of business		Address, City, State			
Starting Date		Ending Date		Starting Pay	Final Pay	Reason for Leaving:		May We Contact?	
Month	Year	Month	Year						
Job Title (Last)				Name of Supervisor		Phone	Supervisor's Job Title		
Description of work and responsibilities									

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JOB APPLICANT'S AGREEMENT AND CERTIFICATION

PLEASE READ CAREFULLY AS THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. FOR YOUR APPLICATION TO BE CONSIDERED, YOU MUST READ, AGREE TO, AND SIGN THE FOLLOWING:

I affirm that all the information provided by me in this application is true in all respects, and I agree that if the information provided is found to be false in any way, either by misrepresentation or omission, it shall be sufficient or just cause, if such cause is necessary, for denial of employment or discharge if employed. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation credit history, military record, employment record, and criminal record if any. I release all such persons, companies, or other entities from any and all liability or damages on account of having furnished such information. I agree to cooperate in any such investigation by ENSTAR. I agree that should I have any dispute, including any claim of discrimination with ENSTAR concerning the company's consideration of my application for employment, that said dispute shall be submitted to binding arbitration if required by applicable ENSTAR policy(ies).

I understand, that prior to being offered employment with ENSTAR, I may be required to take an employment examination or a fitness-for-duty exam, and I understand that I must successfully pass a pre-employment drug and alcohol screening test. I will notify ENSTAR in advance of any examination or test if I may require reasonable accommodation to take the examination or test. ENSTAR reserves the right to require competent medical documentation concerning the need for the accommodation. I understand that if I am hired ENSTAR may require that I take drug and alcohol screening tests pursuant to ENSTAR policy. I understand that I may be required to undergo a post-job offer medical examination(s).

I understand that if employed, policies and rules which are issued are not conditions or terms of employment and that ENSTAR may revise policies and procedures, in whole or in part, at any time. If employed I agree to comply with ENSTAR policies and procedures, and I agree to submit any dispute alleging illegal discrimination or wrongful discharge to binding arbitration in accordance with applicable ENSTAR policy(ies) or arbitration procedure(s).

I understand that nothing contained in this employment application or in the granting of any interview is intended or will create an employment contract between ENSTAR and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promises or guarantee is binding upon ENSTAR unless made in writing.

IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND AND AGREE THAT UNLESS SPECIFICALLY PROVIDED FOR OTHERWISE BY WRITTEN AGREEMENT MY EMPLOYMENT IS AT-WILL, THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT ENSTAR RETAINS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE, FOR ANY REASON NOT PROHIBITED BY LAW.

Signature: _____ Date: _____

Interviewed By	Date	Recommendation

Starting Date _____ Position _____ Dept. _____
Grade & Wage _____ Temporary _____ FT _____
Remarks _____ Probationary _____ PT _____
Employed By _____



Affirmative Action Program Applicant Information Form

ENSTAR is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. Applicants for employment are also invited to participate in the Affirmative Action Program. In extending this invitation you are advised that: (a) employees (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential; (c) responses will be used for the necessary information to include in our Affirmative Action Program; and (d) as a federal contractor, we are obliged to use the responses to produce required statistical reports. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. This data is kept in a confidential file separate from the Application for Employment. Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name:	Date:
	_ / _ / _
Address:	Phone Number/s:
Position/s applied for:	Position Reference Number/s:

Section 2: Please check all that apply (See reverse for definitions)

Gender : <input type="checkbox"/> Male	<input type="checkbox"/> Female
Race or Ethnic Identity:	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino)	<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)
<input type="checkbox"/> I do not wish to Self-Identify Signature _____	
How did you hear of our opening?	
<input type="checkbox"/> Newspaper Ad. <input type="checkbox"/> Job / Career Websites <input type="checkbox"/> SEMCO Website <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Others	

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES:

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the 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.

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.

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), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Engagement"), **Enstar Natural Gas Company SEMCO Energy, Inc.** will use the services of an outside agency to research and verify the information I have provided on my application for Engagement including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Enstar Natural Gas Company SEMCO Energy, Inc.**. **Enstar Natural Gas Company SEMCO Energy, Inc.** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, licensing authorities, state and federal sanctioning authorities, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Enstar Natural Gas Company SEMCO Energy, Inc.**, and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Engagement from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Enstar Natural Gas Company SEMCO Energy, Inc.** if Engagement is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Enstar Natural Gas Company SEMCO Energy, Inc.**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 3009 Douglas Blvd., 3rd Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed	Today's Date
Name as it appears on your driver's license	Position Applied For
- - / / Social Security Number Date of Birth	Driver's License Number State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

	Mo./Yr. / Mo./Yr
Current Address: _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____	/
Street Apt.# City State Zip Code	From / To?
Former Address: _____	/
Street Apt.# City State Zip Code	From / To?