



**APPLICATION FOR EMPLOYMENT**

**POSITION APPLYING FOR:** \_\_\_\_\_

<b>Last Name, First Name Middle Initial</b>		<b>Home Telephone</b>	<b>Cellular Telephone</b>	<b>What is your salary expectation for this position?</b>
<b>Complete Street Address, City, State, Zip Code</b>			<b>Email Address</b>	
Are you, or any family member, a shareholder of Tanadgusix Corporation (TDX)? Yes                  No		Are you at least 18 years old? Yes                  No		<p style="text-align: center;">*****</p> <p style="text-align: center;"><b>This information is required only if the position you are applying for requires a mandated background check for access to U.S. Government facilities or Department of Defense clearance.</b></p> <p style="text-align: center;">*****</p> <p>Have you ever been convicted of a felony or misdemeanor? Include any Suspended Imposition of Sentence or DUI/DWI convictions.</p> <p style="text-align: center;">  Yes  No</p> <p>If yes, please provide year of conviction: _____</p> <p>If you answered "yes" to the above question, be prepared to provide an explanation during an interview, even if you received a suspended imposition of sentence. <i>A conviction will not necessarily bar you from employment with TDXP.</i></p>
Are any of your relatives employed by TDXP?           Yes                  No		Are you authorized to work lawfully in the United States? Yes                  No		
Have you ever been employed or interviewed with TDXP?           Yes                  No		Do you have a current U.S. Passport?           Yes                  No		
If yes, list the dates: _____ Position: _____		If no, is there anything that would preclude you from getting one?		
Were you referred by anyone?           Yes, referred by: _____           No		Will you now, or in the future, require TDXP to commence ("sponsor") an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called "sponsorship" for an employment-based visa status. Yes                  No		
Type of employment desired:           Full-Time           Part-Time		Have you ever held a security clearance by a U.S. Government Agency?           Yes                  No		
Would you consider relocation?           Yes                  No		If yes, list type: _____		
Would you consider remote site work?           Yes                  No		Is it still active?           Yes                  No		
My driver's license is valid:           Yes                  No           I do not have a driver's license		Date of Clearance: _____		
Driver's License # _____ State of Issue: _____				
Have you had any accidents during the past three years? Yes                  No           If yes, how many? _____ accidents				
Have you had any moving violations during the past three years? Yes                  No           If yes, how many? _____ violations				

**Submit Application and current resume to TDXP Human Resources:**

**BY MAIL or IN PERSON:**  
 3601 C Street, Suite 1000  
 Anchorage, AK 99503

**BY EMAIL:**  
[HR@tdxcorp.com](mailto:HR@tdxcorp.com)

**BY FAX:**  
 907-278-2316

**EDUCATION**

Type of School	Name and Location of School	Diploma or Degree Types	Highest Grade Completed	Graduated
High School				
College /University				
Graduate School				
Other				

List any certificates you hold that relate to this position. Attach copies of degrees, certificates or any licenses required for this position:

Special courses, training or experience acquired, including military experience:

**EMPLOYMENT RECORD: Do not leave any blanks.**

With most recent employer first, list employers that document the minimum years of work experience if required for the position. Also, list any period of unemployment, self-employment, seasonal and part-time positions.

If applying for a position which requires a Security Clearance, and you have served in the military, please list all positions, their corresponding dates, duties and note if retired.

<b>Company Name and Address:</b>	<b>Supervisor &amp; Phone #:</b>
<b>Position Held and Dates of Employment (mm/yy to mm/yy):</b>	<b>May we contact?    Yes    No</b>
<b>Describe Your Job Duties:</b>	
<b>Reason for Leaving:</b>	

<b>Company Name and Address:</b>		<b>Supervisor &amp; Phone #:</b>		
<b>Position Held and Dates of Employment (mm/yy to mm/yy):</b>		<b>May we contact?</b>	<b>Yes</b>	<b>No</b>
<b>Describe Your Job Duties:</b>				
<b>Reason for Leaving:</b>				
<b>Company Name and Address:</b>		<b>Supervisor &amp; Phone #:</b>		
<b>Position Held and Dates of Employment (mm/yy to mm/yy):</b>		<b>May we contact?</b>	<b>Yes</b>	<b>No</b>
<b>Describe Your Job Duties:</b>				
<b>Reason for Leaving:</b>				
<b>Company Name and Address:</b>		<b>Supervisor &amp; Phone #:</b>		
<b>Position Held and Dates of Employment (mm/yy to mm/yy):</b>		<b>May we contact?</b>	<b>Yes</b>	<b>No</b>
<b>Describe Your Job Duties:</b>				
<b>Reason for Leaving:</b>				

**EMPLOYMENT RECORD: Continued**

<b>Company Name and Address:</b>	<b>Supervisor &amp; Phone #:</b>
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<b>Position Held and Dates of Employment (mm/yy to mm/yy):</b>	<b>May we contact?</b>	<b>Yes</b>	<b>No</b>
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**Describe Your Job Duties:**

**Reason for Leaving:**

<b>Company Name and Address:</b>	<b>Supervisor &amp; Phone #:</b>
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<b>Position Held and Dates of Employment (mm/yy to mm/yy):</b>	<b>May we contact?</b>	<b>Yes</b>	<b>No</b>
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**Describe Your Job Duties:**

**Reason for Leaving:**

**Based on the minimum qualifications listed in the job description, please list why you are qualified to perform the tasks required of the position.**

**PROFESSIONAL REFERENCES:** Please list at least three individuals who can attest to your abilities and work accomplishments, excluding any relatives.

Name	Company/Relationship	Contact Number

TDXP is an Equal Opportunity Employer. All qualified applicants will be considered for all positions without regard to race, color, religion, sex, sexual orientation, gender identity or national origin, disability or protected veteran status.

If you are disabled and need accommodation in the application or interview process, please call TDXP Human Resources at (907) 278-2311 to request such accommodations.

Applicants for positions at TDXP may be required to sign a release and submit to a background check and pre-employment drug screen at a location designated by TDXP. Applicants who test positive for illegal drugs will not be hired. Any offer of employment will be contingent upon successful completion of a background investigation and any other required testing for the position.

Any position requiring advanced education must have the supporting documentation (i.e. college transcripts, diploma or certificate) attached to the application or provided at the time of interview.

**CERTIFICATION & AUTHORIZATION**

I hereby certify that all statements made in this application, as well as information given throughout the employment process, including pre-employment drug screen, are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or falsification shall be sufficient reason for dismissal from or refusal of employment. \_\_\_\_\_ *Initials*

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to TDXP and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. \_\_\_\_\_ *Initials*

I understand that during employment with the Company, I shall be subject to all the Company’s rules, regulations and policies regarding medical examinations, drug and alcohol screening, and other qualifying tests. \_\_\_\_\_ *Initials*

I understand that this application does not obligate the company to offer me employment or to hire me. I further understand that if I am employed by the Company, my employment will be on an “at will” basis and my employment could be terminated by the Company at any time without advance notice and without liability. If I am employed I understand that I will wear the prescribed personal protective equipment and will abide by all Federal, State and Company procedures and regulations while working for the Company. \_\_\_\_\_ *Initials*

I hereby acknowledge that I have read and fully understand the foregoing and seek employment under these conditions. \_\_\_\_\_ *Initials*

**This application will be considered active for only this position. If I wish to be considered for other positions, I must fill out and submit a new application.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (If submitted electronically, your e-mail will replace your signature.)

*All information on this application will be treated confidentially. TDXP does not release information about its applicants/employees unless required by law or specifically authorized.*

# Voluntary EQUAL EMPLOYMENT OPPORTUNITY and VEVRAA Information Request Confidential Human Resource Document

\*\*\*Information provided, or omitted, here will not be considered in the application or hiring process.\*\*\*

TDXP maintains data on the racial/ethnic, gender identity, disability and protected veteran status of all applicants for employment. The data provides TDXP with information necessary to monitor compliance with Equal Employment Opportunity, Vietnam Era Veterans' Readjustment Assistance Act, and section 503 of the Rehabilitation Act requirements.

This company prohibits discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, or based on their race, color, religion, sex, sexual orientation, gender identity or national origin.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Female Male

Check if applicable: TDX Shareholder TDX Family Member Alaska Native

**RACIAL / ETHNIC DATA:** Check the one with which you identify:

Hispanic or Latino - Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (not Hispanic or Latino) - Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (not Hispanic or Latino) - Persons having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) - Persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) - Persons having origins in any of the original peoples of North America and maintains cultural identification through 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.

**VETERAN STATUS:** 1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A "disabled veteran" is one of the following: (a) 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; or (b) 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.
- 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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. We request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected Veteran listed above.

I am not a protected Veteran.

**- Thank you for taking the time to complete this form**

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### 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.<sup>1</sup> 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.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### 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:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers 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 procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> 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).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.