

**C O E U R**  

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**A L A S K A**  
KENSINGTON GOLD MINE

Coeur Alaska's mission and values combine Safety, Environment, Integrity, Dedication, Respect, Teamwork, Communication and Growth for the people and land in this majestic area in Southeast Alaska.

To apply for an **open position**, complete this Coeur Alaska application and submit to:

**Juneau Job Center**  
**10002 Glacier Hwy., Suite 100**  
**Juneau, AK 99801-8569**  
**Phone: 907-465-4562**

**Or Fax to:**  
**(907) 465-2984**

Coeur Alaska, Inc. only accepts applications for currently open recruitments. We cannot accept unsolicited applications or resumes. Candidates must be authorized to work in the United States.

# COEUR

## ALASKA

KENSINGTON GOLD MINE

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Juneau, AK 99801-8569

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### APPLICATION FOR EMPLOYMENT

#### An Equal Opportunity Employer

Coeur does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

(Name) Last:		First:		Middle:	
Street address:					
City:		State:		Zip Code:	
Telephone:		Email:			

Are you 18 years of age or older? Yes  No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Job applied for:		Today's date:	
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Are you seeking: Full-time  Part-time  Temporary  employment?

When could you start to work?

Have you ever applied here before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	
Were you ever employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?	
Do you have any relatives employed by Coeur? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name(s)	

Are you willing to work rotating shifts? Yes  No

Are you willing to work weekends? Yes  No

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes  No

(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered.)

If yes, give details:


For driving jobs only: Do you have a valid drivers license? Yes  No

Have you had your driver's license suspended or revoked in the last 3 years? Yes  No

If yes, give details:


**EDUCATION**

<b>LIST NAME AND ADDRESS OF SCHOOLS</b>	<b>Number of Years Completed</b>	<b>Diploma/Degree/Certificate</b>
High School or GED:		

<b>College or University:</b>	<b>Number of Years Completed</b>	<b>Diploma/Degree/Certificate</b>

Subjects studies:

<b>Vocation or Technical:</b>	<b>Number of Years Completed</b>	<b>Diploma/Degree/Certificate</b>

Subjects studied:

**SPECIAL SKILLS**

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.)

List languages spoken fluently (if relevant)

**WORK HISTORY**

List names of employers in consecutive order with present or last employer listed first. Account for all period of time,

**including military service** and any period of unemployment. Please attach additional sheet of paper if there is not enough room. If self-employed, give name of firm and supply business references. **Please provide month and year.**

Present or Last employer:					Supervisor:			
Address:					Employed: From (mo/yr)		To (mo/yr)	
City		State		ZIP		Pay: Start \$		Final \$
Telephone:					Reason for leaving:			
Title:								
Duties								

If presently employed, may we contact your employer? Yes  No

Name of employer					Supervisor			
Address:					Employed: From (mo/yr)		To (mo/yr)	
City		State		ZIP		Pay: Start \$		Final \$
Telephone:					Reason for leaving:			
Title:								
Duties								

Name of employer					Supervisor			
Address:					Employed: From (mo/yr)		To (mo/yr)	
City		State		ZIP		Pay: Start \$		Final \$
Telephone:					Reason for leaving:			
Title:								
Duties								

Name of employer					Supervisor			
Address:					Employed: From (mo/yr)		To (mo/yr)	
City		State		ZIP		Pay: Start \$		Final \$
Telephone:					Reason for leaving:			
Title:								
Duties								

Have you ever been terminated or asked to resign from any prior employment? Yes  No

**REFERENCES**  
**GIVE THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS**

NAME	ADDRESS	TELEPHONE

Have you worked or attended school under any other names? Yes  No  If yes, please provide names:


**AFFIDAVIT**

**Please Read Each Statement Carefully Before Signing**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request investigative background inquiries. These inquiries may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency or other organization performing these inquiries so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment, I may be required to undergo a job-related medical evaluation. I understand and agree, if a medical evaluation is required, that employment is conditional upon the results of this evaluation. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screening as a condition of employment.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I have read, understood, and by my signature consent to these statements.

Signature:		Date:	
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# VOLUNTARY INFORMATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position Applied for or Held: \_\_\_\_\_

Race/Ethnic Group

White

Black or African- American

Hispanic or Latino

of: Asian

Am Indian/  
Native Alaskan

Native Hawaiian or Other Pacific Islander

Two or More Races

Are you a shareholder of:

Kake Tribal Corp

Goldbelt, Inc.

Klukwan, Inc.

Are you the spouse or dependent of a shareholder

Kake Tribal Corp

Goldbelt, Inc.

Klukwan, Inc.

Are you a shareholder or the spouse or dependent of a shareholder in another SE Alaska Native Corporation?

If so, list corporation: \_\_\_\_\_

Please check if you are a resident of

Alaska

Juneau

How many years have you been an Alaska resident? \_\_\_\_\_

Sex: Male:  Female:

Are you a Disabled Veteran? Yes

No

You qualify

Are you a Vietnam Veteran? Yes

No

Are you mentally or physically disabled? Yes

No

Signature: \_\_\_\_\_

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or disability.

Please complete this information to assist us in complying with equal opportunity/affirmative action record keeping and reporting requirements. Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment. This Information Form will be kept in a separate, confidential file and will be used only for safety, government and business reporting purposes.