

C O E U R

A L A S K A
KENSINGTON GOLD MINE

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

Coeur Alaska, Incorporated
Attention: Human Resources
3031 Clinton Drive, Suite 202
Juneau, AK 99801
(907) 523-3324 Fax

Open jobs are listed on the Juneau Job Center website:
<http://alexsys.labor.state.ak.us/>. Click on the Southeast Region of the map and see listings under Juneau/Coeur.

COEUR

ALASKA

KENSINGTON GOLD MINE

Coeur Alaska
3031 Clinton Drive, Suite 202
Juneau, Alaska 99801
907.523.3300
fax 907.523-3324

APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

Coeur does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or veteran's status. It is our intention that all qualified applicants are 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 additional sheets as needed. **PLEASE PRINT**, except for signature on back of application. While 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.

Last Name:		First:		Middle:	
Street address:					
City:		State:		Zip Code:	
Telephone:		Cell Phone:		Email Address:	
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If hired, can you furnish proof you are eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Job applied for:		Today's date:			
Are you seeking: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			Are you willing to work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of any law violation (except a minor traffic violation)? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(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.)</small>					
If yes, give details:					
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you had your driver's license suspended or revoked in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, give details:					

EDUCATION

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

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

Subjects studies:

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

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 sheets 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, omission or misleading statements supplied in this application, given during any interview or given during the Company physical examination 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, disability or veterans' status.

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.