

**APPLICATION FOR  
EMPLOYMENT**

Last Name:	First Name:	Middle Name:
Position Applied For:	Date:	
Email Address:		



SEND APPLICATION TO:

Human Resources  
Donlin Gold LLC  
2525 C Street  
Suite 450

Anchorage, Alaska 99503  
Fax # (907) 561-1805

**PLEASE READ CAREFULLY**

**OFFERS OF EMPLOYMENT WILL BE MADE ONLY AFTER SUCCESSFUL COMPLETION OF THE FOLLOWING:**

1. Accurate reporting of information as requested on this application form (the applicant must sign and date the application).
2. Verification of past employment and inquiries into the quality of work and reliability of the applicant.
3. Approvals of the offer by authorized Donlin Gold officials.

All offers of Employment will be made through Human Resources, contingent upon satisfactory drug screen and medical examination results. Applicants, if hired, will be required to provide documents needed to complete an Employment Eligibility Verification (Form I-9).

It is the policy of Donlin Gold to provide Equal opportunity for all qualified persons and not to discriminate against any employee or applicant because of race, color religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

**DONLIN GOLD IS AN EQUAL OPPORTUNITY EMPLOYER**

The information you provide in this application represents you to the hiring authority who decides who will be interviewed. Fill in each blank accurately and carefully. Answer all questions. If a question does not apply, write N/A (Not Applicable) in the space provided to show that you did not overlook the question.

## PERSONAL DATA

Complete this section even if a resume is attached

Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Current Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Permanent Address: \_\_\_\_\_  
 (If different from above)

Telephone Number: \_\_\_\_\_ Cell MESSAGE) \_\_\_\_\_

Position Desired: \_\_\_\_\_ Salary Expected: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of Employment Desired: Full Time  Temporary  Student Temporary

Will you work shift work? Yes  No  Will you work weekends? Yes  No  Will you work overtime if asked? Yes  No

Have you ever applied to work for a Barrick property? Yes  No  If so, when? \_\_\_\_\_  
 Have you previously worked for a Barrick property? Yes  No  If so, where/when? \_\_\_\_\_

How did you learn about our company? Employee Referral  Name \_\_\_\_\_  
 Employment Agency  Advertisement  Walk-in  Other  \_\_\_\_\_

Are you presently employed? Yes  No  Do you need to give notice? Yes  No

May we contact your present employer? Yes  No  Do you have a valid driver's license? Yes  No   
 (Answer only if applying for jobs which require driving.)

Have you ever been convicted of a misdemeanor which resulted in your incarceration (jail, prison, other)? Yes  No  Have you ever been convicted of a felony? Yes  No   
 (A conviction does not automatically bar employment.) (A conviction does not automatically bar employment.)

Please describe the nature of the crime and your subsequent rehabilitation (attach additional sheets if needed):  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you either a U. S. Citizen or alien legally authorized to work in the U. S. ? Yes  No

If you are offered employment you must complete the I-9 Form required by the Immigration and Naturalization Service and provide documentation to verify your identity and eligibility to work in the U. S. no later than three business days after your date of hire.

## EDUCATION AND TRAINING

Complete this section even if a resume is attached

<b>HIGH SCHOOL</b>	Name of last school attended _____ Circle the highest grade completed _____ Location _____ 1 2 3 4 5 6 7 8 9 10 11 12
<b>COLLEGE</b>	Name of last school attended _____ Major _____ Location _____ Degree _____
<b>OTHER</b> (Graduate School, Trade School, Etc.)	Name of last school attended _____ Course Completed? _____ Degree/Certificate Awarded? _____ Location _____ Course _____

# WORK HISTORY

Complete this section even if a resume is attached

Starting with your present or most recent employment, list all employment for the past ten years, including self-employment, full-time, summer, and part-time. Include part- or full-time military service. You may also include volunteer work. If you need more space, continue on the back of this application or attach another sheet. Have you ever been fired or asked to resign? Yes  No

If yes, please give details. (Attach additional sheet if necessary.) \_\_\_\_\_

Present or most recent employer:	From	To	Give job title and explain your duties:
	Month/Year	Month/Year	
Street Address:			
City, State & Zip Code:	Salary		
	Starting	Ending	
Area Code & Phone Number:	\$	\$	
	per	per	
Type of Business:	Supervisor's Name & Title:		
Your reason for leaving:			

Explain any gap in employment dates:

Present or most recent employer:	From	To	Give job title and explain your duties:
	Month/Year	Month/Year	
Street Address:			
City, State & Zip Code:	Salary		
	Starting	Ending	
Area Code & Phone Number:	\$	\$	
	per	per	
Type of Business:	Supervisor's Name & Title:		
Your reason for leaving:			

Explain any gap in employment dates:

Present or most recent employer:	From	To	Give job title and explain your duties:
	Month/Year	Month/Year	
Street Address:			
City, State & Zip Code:	Salary		
	Starting	Ending	
Area Code & Phone Number:	\$	\$	
	per	per	
Type of Business:	Supervisor's Name & Title:		
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Explain any gap in employment dates:

Present or most recent employer:	From	To	Give job title and explain your duties:
	Month/Year	Month/Year	
Street Address:			
City, State & Zip Code:	Salary		
	Starting	Ending	
Area Code & Phone Number:	\$	\$	
	per	per	
Type of Business:	Supervisor's Name & Title:		
Your reason for leaving:			

Explain any gap in employment dates:

## ADDITIONAL INFORMATION

Please provide information regarding special skills, training management experience, computer skills, special licenses or certificates, your ability to operate equipment or machinery, or other qualifications you believe will help us in considering your application for this position.

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## APPLICANT'S STATEMENT

(Read carefully before signing.)

**At-Will Employment** I understand and agree that if hired I will be employed on an at-will basis, which means that employment is entirely voluntary. Either the company or I may terminate the employment relationship at-will, at any time, for any reason, with or without cause, with or without notice. I also understand that no employee, supervisor, or representative of the company has any authority to make any promise, statement, or agreement that alters, amends or contradicts the foregoing provision. Only the president of the company may make employment contracts in writing, signed by the president, that contain terms different from the foregoing.

**Job-Related Testing** As a part of the application process. I understand that my job-related skills and knowledge may be tested. I understand that I may request any needed accommodations to participate in the testing or any other part of the application process.

**Application on File for 30 Days** I understand that the application for this position will be kept on active file for a maximum of 30 days from the date received. After that time I will need to reapply, in accordance with established company procedures, in order to be considered for other employment opportunities.

**Reference Authorization** I hereby authorize any former employer, person, firm, or company listed on this application, having information pertaining to me, to answer any and all questions. I agree to hold those employers, persons, firms, or companies harmless for giving truthful information based on their knowledge or records.

**Conditional Offer/Medical Examination** I understand that the company may make a job offer to me contingent upon a medical examination and a drug screen by a company approved physician.

**Correct Information** I certify that all information I provide in this application is true and correct to the best of my knowledge. I understand that any omission, inaccuracy, or misrepresentation on this application may be cause for rejection or if employed, may be cause for dismissal.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## **APPLICANT NOTICE**

To provide for a safer, higher quality work force, Donlin Gold conducts thorough background investigations on every candidate considered for employment. Where applicable, background investigations may include, but are not limited to:

- ◆ **Past employment**
- ◆ **Reference checks**
- ◆ **Criminal conviction records search**
- ◆ **Driver license verification**
- ◆ **Educational background and professional licenses**
- ◆ **Identity verification**

A negative verification on any of the above does not automatically bar employment. All candidates for employment who may be offered a position with Donlin Gold will be tested for drugs as a part of the pre-employment process.

**VOLUNTARY SELF-IDENTIFICATION INFORMATION FORM**

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

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

Position applied for or held: \_\_\_\_\_

Race/Ethnic Group

\_\_\_\_\_ White

\_\_\_\_\_ Black or African-American

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Asian

\_\_\_\_\_ Am Indian/Native Alaskan

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ Two or More Races

Are you a shareholder of Calista/The Kuskokwim Corporation (TKC)? Yes \_\_\_\_\_ No \_\_\_\_\_  
or both \_\_\_\_\_

If yes, which corporation? \_\_\_\_\_

Are you the spouse, descendent or dependent of Calista or TKC? Yes \_\_\_\_\_ No \_\_\_\_\_ or both \_\_\_\_\_

If yes, which corporation? \_\_\_\_\_

Please check if you are a resident of: Alaska \_\_\_\_\_

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

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Are you a Disabled Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

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, veterans' status, or any other class protected by federal or state law.

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, government and business reporting purposes.