

NINILCHIK TRADITIONAL COUNCIL

APPLICATION FOR EMPLOYMENT

--

(PLEASE PRINT) (ATTACH RESUME)

DATE OF APPLICATION _____

Position(s) Applied For _____

Referral Source: ___Advertisement ___Friend ___Relative ___Walk In

___Employment Agency ___Other _____

Name _____

Last

First

Middle

Mailing

Address _____

Number

Street

City

State

Zip code

Telephone _____

Desired Salary \$ _____

If employed and you are under 18 can you furnish a work permit? ___yes ___no

Have you filed an application here before? ___Yes ___No If Yes, give date _____

Have you ever been employed here before? ___Yes ___No If Yes, give date _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or Immigration status may be required upon employment)

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(conviction will not necessarily disqualify applicant from employment)

If Yes, please explain _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

Employer	Telephone	Dates Employed	Work Performed
		From / To	

Address

Job Title	Hourly Rate/Salary
	Starting/Final

Supervisor

Reason for Leaving

Employer	Telephone	Dates Employed	Work Performed
		From / To	

Address

Job Title	Hourly Rate/Salary
	Starting/Final

Supervisor

Reason for Leaving

Employer	Telephone	Dates Employed	Work Performed
		From To	

Address

Job Title	Hourly Rate/Salary
	Starting/ Final

Supervisor

Reason for Leaving

Employer	Telephone	Dates Employed	Work Performed
		From To	

Address

Job Title	Hourly Rate/Salary
	Starting/ Final

Supervisor

Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

acquired from employment or other experience _____

Veteran of the U.S. Military service? ___Yes ___No If Yes, Branch_____

Indicate languages you speak, read, and/or write.

FLUENT

GOOD

FAIR

SPEAK

READ

WRITE

List professional, trade, business or civic activities and offices held.

Give name, address and telephone number of three references who are not related to you and are not previous employers.

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

ALASKA NATIVE AMERICAN INDIAN NATIVE HAWAIIAN

If you are Alaska Native or American Indian please indicate which Tribe you are enrolled.

VERIFICATION MUST ACCOMPANY APPLICATION

EDUCATION

Elementary

High

College/
University

Graduate/
Professional

School Name

Years

Completed

Diploma/Degree

Describe Course
of Study:

Describe Specialized
Training,

Apprenticeship,
Skills, and
Extra-Curricular
Activities

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

1. Have you ever been arrested for a crime involving a child? ___ Yes ___ No

If yes, please state:

1. Date of arrest/charge _____
2. Description _____
3. Disposition _____
4. Location _____
5. Name/address of law enforcement involved _____

2. Have you ever been found guilty of, or entered a plea of nolo contrenre (no contest), or guilty to, any offense under Federal, State, or tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons? ___ Yes ___ No

If yes, please state:

1. Date of
arrest/charge _____
2. Description _____
3. Disposition _____
4. Location _____
5. Name/address of law enforcement involved _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Job Title _____ **Hourly Rate/Salary** _____ **Dept.** _____

By _____

Name & Title

Date