



EMPLOYMENT APPLICATION

Native Village of Afognak
323 Carolyn Street ✪ Kodiak, Alaska 99615

Phone: (907) 486-6357

Fax: (907) 486-6529

Applicants are invited to request any necessary accommodations during the application, testing or interview process. Please submit one application per position.

Please print clearly and fill out application completely. Please do not use "see resume". Ask for an explanation of any questions you do not understand. Incomplete applications will not be accepted.

GENERAL INFORMATION

Social Security Number		Home Phone	
Last Name	First	Middle	Message Phone
Other names used (if any)	E-mail address		Cell Phone
Mailing Address	Street	City/State	Zip
Are you a U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, do you have the legal right to live and work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
VISA TYPE:	Number:	Expiration Date:	
Have you been employed by any Afognak organization(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO		Check if you are under age 18:	
Which companies? Dates?		<input type="checkbox"/> (Work permit may be required if under 18.)	

RELEVANT INFO

Job Title applying for:	Department
Referred by: (Name)	Phone
Are you an Afognak Shareholder? <input type="checkbox"/> YES	
Afognak Tribal Member or Descendent? <input type="checkbox"/> YES	
Other Alaskan Native <input type="checkbox"/> YES	
What Native Organization do you belong to?	

EDUCATION/PROFESSIONAL ACTIVITY

Name of High School and College, University or Trade/Technical School	City/State	Circle Last Year Completed	Degree/Subjects Credit Hours
		1 2 3 4	High School Graduate? Y N GED? Y N
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	

License/Certification/Registration

Type of License(s)	State	Registration No.	Expiration Date	Any Restrictions?
Drivers License (if applicable)				

For positions in which driving may be part of your job, you will need to provide proof of automobile insurance and a current driving record.

EMPLOYMENT INFORMATION

Starting with your most recent or present employer first, list all jobs held in the last 10 years. Please do not use "see resume". If additional space is needed for previous employers, attach additional sheet.

From Mo/Year	To Mo/Year	Employer		
		Type of Business	Department	
		Street Address	City/State/Zip	
Supervisor		Your Position		Telephone
Job Duties				
Reason for Leaving				
				Final Salary

From Mo/Year	To Mo/Year	Employer		
		Type of Business	Department	
		Street Address	City/State/Zip	
Supervisor		Your Position		Telephone
Job Duties				
Reason for Leaving				
				Final Salary

EMPLOYMENT INFORMATION

From Mo/Year	To Mo/Year	Employer	
		Type of Business	Department
		Street Address	City/State/Zip
Supervisor		Your Position	Telephone
Job Duties			
Reason for Leaving			Final Salary
From Mo/Year	To Mo/Year	Employer	
		Type of Business	Department
		Street Address	City/State/Zip
Supervisor		Your Position	Telephone
Job Duties			
Reason for Leaving			Final Salary
From Mo/Year	To Mo/Year	Employer	
		Type of Business	Department
		Street Address	City/State/Zip
Supervisor		Your Position	Telephone
Job Duties			
Reason for Leaving			Final Salary
Skills: <input type="checkbox"/> Keyboard _____ SPM <input type="checkbox"/> List Software _____			
<input type="checkbox"/> Personal Computer <input type="checkbox"/> PC <input type="checkbox"/> MAC _____			
<input type="checkbox"/> PBX/Telecommunications _____			
<input type="checkbox"/> FAX, What type? _____			
<input type="checkbox"/> COPIERS, What type? _____			

Have you ever been fired, discharged or asked to resign from any position?

If yes, explain from what organization and reason.

YES

NO

Have you ever been convicted of a misdemeanor or felony? A conviction record will not necessarily bar you from employment.

YES

NO

If yes, please give date, nature of offense and explain circumstance. Include a copy of your judgment, as soon as possible, to be considered.

PLEASE READ CAREFULLY BEFORE SIGNING

Native Village of Afognak is an equal opportunity and affirmative action employer. Applicants are considered in accordance with applicable laws prohibiting discrimination on the basis of race, creed, color, religion, national origin, age, sex, marital status, disability, or parenthood.

I certify that the information set forth in this application for Employment is true and complete to the best of my knowledge. I understand that, if employed, falsified or misleading statements on this application shall be considered sufficient grounds for my dismissal; and that the information in this application may be released in an authorized legal investigation. For the purpose of the certification, a photocopy of my original signature shall have the same force and effect as my original signature.

I understand that my employment shall be contingent upon proof of identify and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon successful completion of the employment process which may include, but is not limited to, a reference check, drug screen, criminal background check and completion of a health evaluation form.

I consent to and authorize the **Native Village of Afognak** to request any information concerning my previous employment, educational history, character, and background information. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such information.

I understand that this Application for Employment is not a contract of employment. If I am employed by the Native Village of Afognak, I agree to conform to the standards of conduct, performance and the policies of this organization.

Printed Name of Applicant

Signature of Applicant

Date

APPLICANT CERTIFICATION

THIS SECTION OPTIONAL

Native Village of Afognak is an Equal Opportunity Employer. This information on this form is used to fulfill Federal Equal Employment Opportunity reporting requirements.

APPLYING FOR: (List Job Title)

RACE, ETHNICITY, AND GENDER INFORMATION

	Male	Female
American Indian/Native American	<input type="checkbox"/>	<input type="checkbox"/>
Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
African American.....	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>

DEFINITIONS OF RACE/ETHNIC GROUP

The racial/ethnic groups for affirmative action programs and Federal reporting purpose are defined as follows:

**AMERICAN INDIAN/
NATIVE AMERICAN:**

Any person having origins in any of the peoples of North America, and who retains cultural identification through tribal affiliation or community recognition.

ALASKAN NATIVE:

Any person having origins in any of the original peoples of Alaska, and who retains cultural identification through tribal affiliation or community recognition. Alaskan Native may include, for example, any person of Alutiiq, Aleut, Athabascan, Inupiat, Yup'ik, Tlingit, or Haida origin.

ASIAN OR PACIFIC ISLANDER:

Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

AFRICAN AMERICAN:

(Not of Hispanic origin); any person having origins in any of the Black racial groups of Africa.

HISPANIC:

Any person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race.

WHITE:

(Not of Hispanic origin); any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

How did you learn about this job:

- | | | |
|--|---|--|
| <input type="checkbox"/> Tribal/Shareholder Mail-out | <input type="checkbox"/> Job Fair/Career Day | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Word of mouth/Walk-in | <input type="checkbox"/> Friend | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Relative | <input type="checkbox"/> NVA Member or Descendent | <input type="checkbox"/> Other _____
(specify or describe source) |