

Native Village of Afognak

115 Mill Bay Road

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.

| | | |
|-----------|-------|--------|
| Last Name | First | Middle |
|-----------|-------|--------|

Other names used (if any)

| | | |
|----------------|------------|------------|
| E-mail address | Home Phone | Cell Phone |
|----------------|------------|------------|

| | | | |
|-----------------|--------|------------|-----|
| Mailing Address | Street | City/State | Zip |
|-----------------|--------|------------|-----|

Are you a U.S. Citizen YES NO

If no, do you have the legal right to live and work in the U.S.?

YES NO

VISA TYPE:

Number:

Expiration Date:

| | | | |
|--|-----|----|--|
| Have you been employed by any Afognak organization(s)? | YES | NO | Check if you are under age 18: (Work permit may be required if under 18.) |
| Which companies? Dates? | | | |

| | |
|-------------------------|------------|
| Job Title applying for: | Department |
|-------------------------|------------|

| | |
|---------------------|-------|
| Referred by: (Name) | Phone |
|---------------------|-------|

Are you an Afognak Shareholder? YES

Afognak Tribal Member or Descendent? YES

Other Alaskan Native YES

What Native Tribe or Corporation are you a member/shareholder of?

| 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.

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 |
| 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 |
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| | | | |
| | | | |
| 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: | Keyboard _____ SPM | List Software | _____ |
| | Personal Computer PC | MAC | _____ |
| | PBX/Telecommunications | | _____ |
| | FAX, What type? _____ | | _____ |
| | 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