**Native Village of Kluti-Kaah**

PO Box 68

Copper Center, AK 99573

Phone: 907-822-5541

Fax: 907-822-5130

EMPLOYMENT APPLICATION

Position applying for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name M.I. Telephone Number

Mail Address City State Zip Code

Are you able to perform the essential functions of the position with or without accommodation? Yes No

Are you legally eligible for employment in the U.S.A.? Yes No

I am seeking a permanent position Yes No

I am seeking temporary work until (Date)

If necessary for the job I am able to : Work (Which Shifts)?

 Work overtime?

 Provide a valid Alaska Drivers License?

If Necessary for the job, are you over: 14 15 16 17 18 19 20 21

**I will be able to report to work in days after being notified that I am hired.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education** School Name/LocationHigh School | Years Completed | Field of Study | Graduation or Degree |
| College/University |  |  |  |
| Business/Technical |  |  |  |
| Other (May include grammar School) |  |  |  |

**Military Service** Yes No Duty/Specialized Training

**References**: List two references who are not relatives

Name Address/Telephone Occupation Years Known

Name Address/Telephone Occupation Years Known

**Employment:** List last employment first. Include summer or temporary jobs. Be sure **all** your experience and employers are listed here. Use an extra sheet of paper if necessary. You should also include in the summary section below all work related to the position you are applying for.

Date Employed

From To

\_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

Salary

Reason for Leaving

Position Title/Duties Skills

Supervisor’s Name

Telephone

Employer Name & Address

Date Employed

From To

\_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

Salary

Reason for Leaving

Employer Name & Address

Position Title/Duties Skills

Supervisor’s Name

Telephone

Date Employed

From To

\_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

Salary

Reason for Leaving

Employer Name & Address

Position Title/Duties Skills

Supervisor’s Name

Telephone

Summarize other employment related to this job.

Special Skills (To be completed by applicant for office/clerical work)

 Word Per Minute Type of Machines operated Years of Experience

Typing: No Yes

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair.

Professional Licenses, Cerificates or Registrations:

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer’s attention:

In case of accident or of illness, please contact:

Name Address Day Phone Relationship

I hereby certify that the answers and other information on this application are true and correct and that I understand my misrepresentation or omission of any facts on my part will be justification for separation from the company’s service, if employed. I understand that my employment may be contingent upon receipt of any alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Signature Date