



EMPLOYMENT APPLICATION

Equal access to programs, services, and employment is available to all persons without regard to race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, veteran status, or any other status or classification protected by applicable state or federal law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Director. A false statement on any part of this application may be grounds for discontinuing the employment process or for dismissal after you begin work.

Title of Position Applying for: _____

Legal Name: _____ Phone: _____
Last First MI

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Last 4 digits of SSN: _____

Are you known by any other name(s)? Yes No If yes, by what name(s)? _____

Are you related to any current employee(s) of Chugachmiut? Yes No
 If yes, to whom? _____

Have you ever been employed by Chugachmiut? Yes No If yes, date of employment? _____

Are you a military veteran? Yes No Branch of Service: _____ Type of Discharge: _____

Available for the following types of Positions: Full Time Part Time Temporary Seasonal

U.S. Citizen? Yes No

If hired, on your first day of work you will be required to submit documentation verifying identity and eligibility to work in the U.S.A.

EDUCATION

Highest Grade Completed (Circle): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 16 17 18
Elementary High School College

Name and Address of High School: _____

Did you graduate? Yes No Year Graduated: _____

High School Equivalency Certificate (GED) State: _____ Number: _____ Date: _____

List College, Universities, Graduate Schools, Trade Schools, and Other attended

| Name and Address | From | To | Credits | Degree/Year | Major |
|------------------|------|----|---------|-------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

EMPLOYMENT EXPERIENCE

Provide the following information for your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets of necessary). Explain any gaps in employment in comments section.

| | |
|--|-------------------------------|
| Company Name: _____ | Dates Employed |
| Mailing Address: _____ | From: _____ To: _____ |
| City: _____ State: _____ Zip Code: _____ | Average Hours per week: _____ |
| Phone: _____ Fax: _____ | Salary or Earnings |
| Number of employees you supervised: _____ | Starting \$ _____ Per _____ |
| Supervisor's Name & Title: _____ | Ending \$ _____ Per _____ |
| May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | |
| Title of your Position: _____ Reason for leaving: _____ | |
| Summarize work & responsibilities: _____ | |
| _____ | |
| _____ | |

| | |
|--|-------------------------------|
| Company Name: _____ | Dates Employed |
| Mailing Address: _____ | From: _____ To: _____ |
| City: _____ State: _____ Zip Code: _____ | Average Hours per week: _____ |
| Phone: _____ Fax: _____ | Salary or Earnings |
| Number of employees you supervised: _____ | Starting \$ _____ Per _____ |
| Supervisor's Name & Title: _____ | Ending \$ _____ Per _____ |
| May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | |
| Title of your Position: _____ Reason for leaving: _____ | |
| Summarize work & responsibilities: _____ | |
| _____ | |
| _____ | |

| | |
|--|-------------------------------|
| Company Name: _____ | Dates Employed |
| Mailing Address: _____ | From: _____ To: _____ |
| City: _____ State: _____ Zip Code: _____ | Average Hours per week: _____ |
| Phone: _____ Fax: _____ | Salary or Earnings |
| Number of employees you supervised: _____ | Starting \$ _____ Per _____ |
| Supervisor's Name & Title: _____ | Ending \$ _____ Per _____ |
| May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | |
| Title of your Position: _____ Reason for leaving: _____ | |
| Summarize work & responsibilities: _____ | |
| _____ | |
| _____ | |

EMPLOYMENT EXPERIENCE Continued

Provide the following information for your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets of necessary). Explain any gaps in employment in comments section.

| | |
|--|-------------------------------|
| Company Name: _____ | Dates Employed |
| Mailing Address: _____ | From: _____ To: _____ |
| City: _____ State: _____ Zip Code: _____ | Average Hours per week: _____ |
| Phone: _____ Fax: _____ | Salary or Earnings |
| Number of employees you supervised: _____ | Starting \$ _____ Per _____ |
| Supervisor's Name & Title: _____ | Ending \$ _____ Per _____ |
| May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | |
| Title of your Position: _____ Reason for leaving: _____ | |
| Summarize work & responsibilities: _____ | |
| _____ | |
| _____ | |

| | |
|--|-------------------------------|
| Company Name: _____ | Dates Employed |
| Mailing Address: _____ | From: _____ To: _____ |
| City: _____ State: _____ Zip Code: _____ | Average Hours per week: _____ |
| Phone: _____ Fax: _____ | Salary or Earnings |
| Number of employees you supervised: _____ | Starting \$ _____ Per _____ |
| Supervisor's Name & Title: _____ | Ending \$ _____ Per _____ |
| May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | |
| Title of your Position: _____ Reason for leaving: _____ | |
| Summarize work & responsibilities: _____ | |
| _____ | |
| _____ | |

Comments: including explanation of any gaps in employment. _____

List any additional information you would like us to consider: _____

OTHER QUALIFICATIONS

Registrations, Certificates, and/or Licenses: _____

Languages spoken other than English: _____

Clerical and office skills: Keyboarding/Typing _____ wpm

OTHER QUALIFICATIONS Continued

Office Machines & Computer Software skilled in: _____

List kinds of mechanical equipment, electronic equipment, computers, chain saws, or machinery you are qualified to repair:

Red Card Qualification: (Wildland Firefighters only) _____

If this position requires a driver's license, please answer the following:

Do you have a valid Driver License? Yes No State: _____

Number and type of moving violations in the last three years: _____

Number and reason for automobile accidents in the last three years: _____

Will accept a job requiring travel:

Continuous Remote Area Frequent No Travel Occasional Canada Lower 48

Are you willing and able to travel for extended periods away from your duty station and home? Yes No

Have you ever been convicted of any criminal offence involving violence against others, taking money or property, or dishonesty? Yes No

Have you ever been convicted of a (Driving Under the Influence) DUI? Yes No

If you answered YES to any of the above questions please give a brief explanation and dates of your convictions:

ADDITIONAL REFERENCES

List name, current mailing address, telephone number, e-mail address, relationship and years known of three business/work references **who are not related to you and are not listed elsewhere in this application**. If not applicable, list three school or personal references **who are not related to you**.

| Reference Name | Mailing Address | Telephone Number(s) | E-mail Address(es) | Relationship | Years Known |
|----------------|-----------------|---------------------|--------------------|--------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

Date you will be available for work: _____

Please feel free to attach your resume or letters of reference.



Human Resources
1840 Bragaw Street, Suite 110
Anchorage, AK 995038-3463
Phone: (907) 562-4155
Fax: (907) 743-0644

Background Check Authorization & Release of Information



Background Check Authorization Yes No

Social Security Number: _____ Date of Birth: _____

Other names used: _____

I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of Chugachmiut.

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

My facsimile transmission of this background check authorization containing my signature shall be as effective, enforceable and valid as the original signature.

Note for Applicant: *A false statement on any part of your application may be grounds for discontinuing the employment process or for dismissal after you begin work.*

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

CONFIDENTIALITY NOTICE: *This document including any attachments, is for the sole use of the intended recipient(s), and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact Chugachmiut Human Resources by calling (907) 562-4155 and destroy all copies including the original message.*

CHUGACHMIUT

P. L..L. 93-638 FORM ALASKA NATIVE AMERICAN INDIAN PREFERENCE

I request consideration under P. L..L. 93-638.

Alaska Native and American Indian preference hiring is conducted under P. L..L. 93-638 (Indian Self-Determination and Education Assistance Act). If you are eligible, please provide documentation as such:

Certificate of Indian Blood (CIB)

Certificate of Tribal Enrollment

Native Corporation Affiliation

Regional Corporation: _____

Village Enrolled In: _____

Other: _____

Documentation attached? Yes No

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

CHUGACHMIUT

Affirmative Action Voluntary Information

Chugachmiut is an equal opportunity employer, and in accordance with Federal civil rights law and Chugachmiut policies, qualified applicants are considered for employment without regard to race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, mental or physical disability, veteran status, or any other status or classification protected under applicable state or federal law.

To help us comply with Federal equal opportunity record keeping requirements, please answer the questions on this survey. The information you provide will assist us in insuring that all protected classes are represented in our applicant population. This data is for government reporting. Completion of this data is VOLUNTARY and will in no way affect employment with Chugachmiut. This survey will be separated from the remainder of the application form, and maintained in a separate file and will not be reviewed by the individual making the employment decisions.

Title of Position Applying for: _____ **Date:** _____

Please indicate the appropriate category for your sex and ethnic background:

- Male
- Female

- White
- Black
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- Other: _____

Referral Sources:

How did you learn of this job opportunity?

- Personal Reference, Friend or Relative
Name: _____
- Newspaper Advertisement
Name of Newspaper: _____
- Community Service Agency
Name of Organization: _____
- Business or Professional Referral
Name of Company: _____
- Other Contact Name: _____
- Telephone Inquiry
- Walk-in Applicant

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____