



**Native Village of Chitina**  
PO Box 31, Chitina, Alaska 99566  
(P) 907-823-2215  
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### EMPLOYMENT APPLICATION

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date available: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Desired salary: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you a citizen of the United States? Y or N If no, are you authorized to work in the U.S.? Y or N

Have you ever worked for this company? Y or N if yes, When? \_\_\_\_\_

Have you ever been convicted of a felony? Y or N If yes, explain: \_\_\_\_\_

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### EDUCATION

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Y or N Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Y or N Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Y or N Degree: \_\_\_\_\_

### REFERENCES

Please list professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

### PREVIOUS EMPLOYMENT

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ End salary \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Y or N

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ End Salary \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Y or N

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ End Salary \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Y or N

**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT MY FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE,

ALL APPLICATIONS WILL BE CONSIDERED REGARDLESS OF SEX, AGE, RELIGION, HANDICAP, OR RACE EXCEPT FOR "INDIAN PREFERENCE" AS REQUIRED BY THE BUREAU OF INDIAN AFFAIRS AND THE INDIAN HEALTH SERVICE.

I UNDERSTAND THAT NATIVE VILLAGE OF CHITINA/ CHITINA TRADITIONAL INDIAN VILLAGE COUNCIL IS AN "AT-WILL" EMPLOYER AND I MAY BE TERMINATED WITH OR WITHOUT NOTICE AT ANY TIME.

I UNDERSTAND THAT URINALYSIS TESTING, A CRIMINAL BACKGROUND INFORMATION/CHECK, AND A DRIVING RECORD IS REQUIRED OF ME BY MY SIGNATURE BELOW, BEFORE HIRE IS CONSIDERED.

I UNDERSTAND THAT NVC/CTIVC IS FUNDED BY THE BUREAU OF INDIAN AFFAIRS AND THE INDIAN HEALTH SERVICE AND THAT REGULATIONS REQUIRE THAT "INDIAN PREFERENCE" IS USED FOR CONSIDERATION FOR EMPLOYMENT AND TRAINING.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF YOU WISH TO BE CONSIDERED FOR "INDIAN PREFERENCE" PLEASE PROVIDE THE INFORMATION BELOW:

TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

REGION: \_\_\_\_\_ VILLAGE: \_\_\_\_\_

ENROLLMENT NUMBER: \_\_\_\_\_

ENROLLMENT OFFICE: \_\_\_\_\_

OTHER VERIFICATION: \_\_\_\_\_

**EMPLOYEE INFORMATION**

**PERSONAL INFORMATION**

Full name: \_\_\_\_\_

Last

First

M.I.

Address: \_\_\_\_\_

Street address

Apt/ unit #

City

State

Zip code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

SSN or Gov't ID \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's work Phone: \_\_\_\_\_

**JOB INFORMATION**

Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Work Location: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_