Native Village of Chitina
PO Box 31, Chitina, Alaska 99566
(P) 907-823-2215
Email: tribaladministrator@tsedina.org

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:

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, RELIGON, 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 TERMANATED 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 PREERENCE" 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: _____