

Application for Employment

Curyung Tribal Council
134 1st Avenue West
P.O. Box 216
Dillingham, Alaska 99576
(907) 842-2384/4508
Fax: (907) 842-4518

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ Social Security # _____

If necessary, best time to call you at home is _____ : _____ AM
PM

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ () _____ : _____ AM
PM

If you are under 18 and it is required, can you furnish a work permit? _____ Yes No

If no, please explain _____

Have you submitted an application here before? _____ Yes No

If yes, give date(s) _____ / ____/____

Have you ever been employed here before? _____ Yes No

If yes, give dates _____ From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? _____ Yes No

Date available for work _____ / ____/____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

If no, please explain _____

Have you ever been bonded? _____ Yes No

Have you been convicted of a crime in the last seven (7) years? _____ Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

Educational Background IF JOB-RELATED

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR OTHER PROTECTED STATUS.

List any additional information you would like us to consider.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? yes no

If, yes please provide date(s) and details

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Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Employment History

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

Name of Employer:		Dates of Employment:		
Name of last supervisor:		From: <table border="1"><tr><td style="width: 100px; height: 20px;"></td></tr></table>		
Phone #:		To: <table border="1"><tr><td style="width: 100px; height: 20px;"></td></tr></table>		
Address:	May we contact for a reference: <input type="checkbox"/> yes <input type="checkbox"/> no	Hourly/Salary: Starting Hourly/Salary: Final		
Last job title:		\$ <table border="1"><tr><td style="width: 50px; height: 20px;"></td></tr></table> \$ <table border="1"><tr><td style="width: 50px; height: 20px;"></td></tr></table>		
Reason for leaving:		Per <table border="1"><tr><td style="width: 50px; height: 20px;"></td></tr></table> Per <table border="1"><tr><td style="width: 50px; height: 20px;"></td></tr></table>		
Summarize job duties:				

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Summarize job duties:				

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____



Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____/____/____

Referral Source

- Walk-in
 Employee
 Advertisement - Source _____
- Government Employment Agency
 Relative
- Private Employment Agency
 School
 Other _____

Name of person who referred you IF APPLICABLE _____

Applicant Information

Name _____ Telephone (____) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander Multiracial (having parents of different races)
THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____ Date of hire ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

- Officials and Managers Sales Workers Operatives (semi-skilled)
 Professionals Office and Clerical Workers Laborers (unskilled)
 Technicians Craft Workers (skilled) Service Workers

Notes _____

Completed by _____ Date ____/____/____



CURYUNG TRIBAL COUNCIL

P.O. Box 216

Dillingham, Alaska 99576

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FAX: (907) 842-4510

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize you to furnish the Curyung Tribal Council with any and all information that you have concerning me and my work/employment records. Information of a confidential or privileged nature may be included. Your reply will be used to assist in determining my qualifications for the position I am seeking. I further understand that the information you furnish will not be disclosed to any person not connected with Curyung Tribal Council's hiring practices, including myself

I understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by the Curyung Tribal Council and retained by them in confidence.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the information requested.

Applicant's printed name.

Applicant's Signature

Date

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

You may retain this form in your files.