

CHUGACHMIUT
1840 South Bragaw, Suite 110
Anchorage, Alaska 99508
Phone (907)562-4155 fax (907)563-2891

EMPLOYMENT APPLICATION

Equal access to programs, services, and employment is available to all persons without regard to race, religion, sex, age, national origin, color, disability, 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 Director of Administration & Operations.

Please print:

 Title of Position Applying For

Name: _____ Phone: _____

Address: _____

Are you known by any other Name? Yes No If yes, by what name? _____

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

Available for the following types of Positions:

Full Time Temporary Seasonal Part Time

U.S. Citizen? Yes No Social Security Number _____

If hired you will be required to prove on your first day of work that you are legally authorized to work in the United States.

EDUCATION

Highest Grade Completed (Circle) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 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/Yr	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 if necessary). Explain any gaps in employment in comments section.

Name and Address of Employer Phone May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Dates Employed From: To:	Average Hours per Week	Number of employees you supervised
	Salary or Earnings Starting \$ Per Ending \$ Per	Reason for leaving	
	Supervisor's Name & Title	Title of Your Position	
Summarize the type of work performed and job responsibilities:			
Name and Address of Employer Phone May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Dates Employed From: To:	Average Hours per Week	Number of employees you supervised
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	Salary or Earnings Starting \$ Per Ending \$ Per	Reason for leaving	
	Supervisor's Name & Title	Title of Your Position	
Summarize the type of work performed and job 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: Typing _____wpm
Office Machines and Computer Software skilled in: _____

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

Red Card Qualification: (Wildland Firefighters only) _____

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

Valid Driver License Number _____ 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 Lower 48 Canada

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

Have you ever been convicted of any criminal offense 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.

BACKGROUND CHECK AUTHORIZATION Yes No

ADDITIONAL REFERENCES

List name and telephone number 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.

Name	Phone	Years Known

Date you will be available for work _____. Please feel free to attach your resume or letters of reference.

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

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.

Signature: _____

Date: _____

CHUGACHMIUT
Affirmative Action Voluntary Information

Chugachmiut is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, age, sex, marital status, 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 decision.

Please Print

Title of position for which you are applying: _____ 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 Signature

Applicant's Printed Name

Date

Address: _____

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

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

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

- Certificate of Indian Blood (CIB)
- Certificate of Tribal Enrollment
- Native Corporation Affiliation
Regional Corporation: _____
Village Enrolled In: _____
- Other: _____

Documentation attached? _____ Yes _____ No

Applicant's Signature

Applicant's Printed Name

Date