

Gakona Village Council  
P.O.Box 102  
Gakona, Alaska 99586  
(907) 822-5777

## EMPLOYMENT APPLICATION

PERSONAL	First Name	M.I.	Last Name	TODAY'S DATE:	
	Street Address/Mailing:			Home Phone:	
	City, State & Zip Code:			(      ) Business Phone:	
	Job Position applying for:			(      ) Social Security Number:	
	Apart from absence for religious observance, are you available for full time work?				
	YES		NO		If not, what hours:
	Are you willing to travel for job related training or meetings?			YES      NO	
	Do you have a current valid Alaska drivers license?			YES      NO	
	Do you have a private vehicle available for job related travel?			YES      NO	
	List driving infractions during the past 5 years:				

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE? WHAT DEGREE:
	COLLEGE				
	HIGH				
	VOCATIONAL, TECHNICAL, SEMINAR, ETC.				
	OTHER:				

COMMENTS	This space has been provided to list any special trainings or skills that may promote your chances of being hired. Please be accurate in dates, only if you wish to list any trainings, skills, or comments. (languages, operating of any machines, etc.)			
	Typing	YES	NO	WORDS PER MINUTE:
	Speed Writing	YES	NO	WORDS PER MINUTE:
	Calculator (10 KEY)	YES	NO	
	Computer Programs (Microsoft Office)	Word	Excell	Publisher      Adobe
	Please circle all that apply Other:			
	Other Skills:			

# PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with the most recent.

We may contact the employer listed below, unless you indicate those you do not want us to contact	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____

1	Company name	Telephone (      )
	Address	Employed (State month and year) From: _____ To: _____
	Name of supervisor	Hourly pay Start: _____ Last: _____
	State job title and describe your work	Reason for leaving:

2	Company name	Telephone (      )
	Address	Employed (State month and year) From: _____ To: _____
	Name of supervisor	Hourly pay Start: _____ Last: _____
	State job title and describe your work	Reason for leaving:

3	Company name	Telephone (      )
	Address	Employed (State month and year) From: _____ To: _____
	Name of supervisor	Hourly pay Start: _____ Last: _____
	State job title and describe your work	Reason for leaving:

4	Company name	Telephone (      )
	Address	Employed (State month and year) From: _____ To: _____
	Name of supervisor	Hourly pay Start: _____ Last: _____
	State job title and describe your work	Reason for leaving:

<b>REFERENCES</b>	<b>PROFESSIONAL/PERSONAL</b>	Please list three references.
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COMPANY NAME		PHONE NUMBER
CONTACT PERSON	TITLE	RELATIONSHIP TO YOU
ADDRESS	CITY/STATE	ZIP CODE

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ADDRESS	CITY/STATE	ZIP CODE

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

I HEREBY DECLARE THE INFORMATION PROVIDED BY THE APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL.

I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE GAKONA VILLAGE COUNCIL IF I WANT THIS APPLICATION TO BE CONSIDERED FOR ANOTHER POSITION. IT IS MY RESPONSIBILITY TO UPDATE THE APPLICATION AS NEEDED. ALL APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY:**

DATE:	POSITION:	COMMENTS:

**The Bureau of Indian Affairs and Indian Health Services regulations require that we use "Indian Preference" in employment and training programs that these two agencies fund.**

**If you wish to be considered for "Indian Preferences" in Employment and training, please complete and sign below:**

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

ENROLLEMENT #: \_\_\_\_\_

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

RESERVATION OR ENROLLMENT OFFICE: \_\_\_\_\_

OTHER VERIFICATIONS: \_\_\_\_\_

\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_