### KNIK TRIBE PO BOX 871565

## Wasilla, Alaska 99687-1565 Phone (907) 373-7991 fax (907) 373-2161

# **EMPLOYMENT APPLICATION**

Please print:						
_	Т	itle of Po	sition App	lying For		
Name:					Phone:	
Last Address:	First		M	[.I.		
E-mail address:				(	Cell Phone:	
Are you known by any otl	her Name? Yo	es 🗆 No	☐ If yes,	by what nam	ne?	
Are you a military veterar	n? Yes 🗖 No	☐ Branc	h of Servio	ce	Type of Discl	narge
Available for the followin Full Time  Tempo	g types of Po orary <b>□</b>	sitions: Season	nal 🗖	Part Time		
U.S. Citizen? Yes □ N	lo 🗖		Social Sec	curity Numbe	er	
Highest Grade Completed  Name and Address of Hig  Did you graduate? Yes □	Ele	ementary		High S	School Coll	4 15 16 17 18 ege
High School Equivalency					1	Date:
List College, Universities,						
Name and Addr	ess	From	То	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.

N 1 A 11 CE 1					
Name and Address of Employer	Dates Employed From: To:	Reason for leaving			
	Salary or Earnings			Dapor Fibou	
	Starting \$ Per				
Phone	Ending \$ Per				
May we contact supervisor?	Supervisor's Name & T	itle I	Title of V	Your Position	
May we contact supervisor?  ☐ Yes ☐ No ☐ Later	Supervisor s maine & 1	Itie	Tiue of 1	OUI FOSIUOII	
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Name and Address of Employer	Dates Employed	Average Hours pe	r Week	Number of employees you	
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May we contact supervisor?	8 .		Your Position		
☐ Yes ☐ No ☐ Later	Supervisor 5 Name & 1	1010	This of Tour Fosition		
Summarize the type of work performed a	nd job responsibilities:				
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Comments: including explanation of a	ny gans in employment				
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List any additional information you wo	ould like us to consider:				
	_				

OTHER QUALIFICATIONS Registrations, Certificates, and/or Licenses:		
Clerical and office skills: Typingwpm Office Machines and Computer Software skilled in:_		
List kinds of mechanical equipment, electronic equipoperate or repair:		• • •
If this position requires a driver's license, please answ Valid Driver License NumberState Number and type of moving violations in the last three Number and reason for automobile accidents in the last state of the state	eee years:	
Will accept a job requiring travel: Continuous □ Remote Area □ Frequent □ No Tr	-	
Are you able and willing to travel for extended periods aware the travel for extended periods aware the travel for extended periods aware the travel for extended periods aware travel for extended periods and travel for extended periods aware tr		
(A conviction will not necessarily disqualify an applicant from er	mployment).	
ADDITIONAL REFERENCES List name and telephone number of three business/work re elsewhere in this application. If not applicable, list three so Name		· · · · · · · · · · · · · · · · · · ·
BACKGROUND CHECK AUTHORIZATIO	N Yes 🗖 No 🗖	
Date available for work: Please feel free t	to attach your resume or l	letters of reference.
A false statement on any part of your application may process or for dismissal after you begin work. You un investigated as allowed by law. Your signature conse and fitness for employment.	nderstand that any informat	ion you give may be
I certify that, to the best of my knowledge and belief, made in good faith.	all of my statements are tr	ue, correct, complete, and
Signature:	Date:	

#### **KNIK TRIBE**

#### 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:

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Documentation attached?Yes	No	
Applicant's Signature		
Applicant's Printed Name	Date	