# NINILCHIK TRADITIONAL COUNCIL APPLICATION FOR EMPLOYMENT

# Please submit to the NTC admin building with your resume.

	DATE OF APPLICATION			
Position(s) Applied For			_	
Referral Source:AdvertisementEmployment Age				
Name_				
First	Middle		Last	
Mailing Address				
Telephone		City	/ State	/ Zip code
Desired Salary \$				
If employed and you are under 18 can	you furnish a wo	ork permit?	Yes	No
Have you filed an application here before Have you ever been employed here before.				
Are you employed now?Yes May we contact your present employer		_No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?YesNo (Proof of citizenship or Immigration status may be required upon employment)				
On what date would you be available for work?				
Are you available to workFull TimePart TimeShift WorkTemporary				
Are you on a lay-off subject to recall?YesNo				
Have you been convicted of a felony within the last 7 years?YesNo (conviction will not necessarily disqualify applicant from employment)  If Yes, please explain				

#### EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

Employer	Telephone	Dates Employed (To/From)	Work Performed
Address			
Job Title		Hourly Rate/Salary - Starting/Final	
Supervisor			
Reason for Leaving			
Employer	Telephone	Dates Employed (To/From)	Work Performed
Address			
Job Title		Hourly Rate/Salary - Starting/Final	
Supervisor			
Reason for Leaving			
Employer	Telephone	Dates Employed (To/From)	Work Performed
Address			
Job Title		Hourly Rate/Salary - Starting/Final	
Supervisor			
Reason for Leaving			
Employer	Telephone	Dates Employed (To/From)	Work Performed
Address			
Job Title		Hourly Rate/Salary - Starting/Final	
Supervisor			
Reason for Leaving If you need additiona	l space, please con	ntinue on a separate sheet of paper.	

Special Skills and Qualifications acquired from employment or other experience.
Veteran of the U.S. Military service?YesNo If Yes, Branch
Indicate languages you speak, read, and/or write.
SPEAK
READ
WRITE
List professional, trade, business or civic activities and offices held.
Give name, address, email address, and telephone number of three references who are not related to you and are not previous employers.  Name:
Address:
Email Address:  Telephone Number:
Name:
Address:
Email Address:
Telephone Number:
Name:
Address:
Email Address:
Telephone Number:
<del></del>

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer				
this information. The purpose is to provide information regarding proper placement and				
appropriate accommodation to enable you to perform the job to the best of your ability in a proper				
and safe manner. This information will be treated as confidential. Failure to provide this				
information will not jeopardize or adversely affect your consideration for employment.				
If you wish to be identified, please sign below. Handicapped IndividualDisabled VeteranVietnam Era Veteran				
Signed				

VERIFICATION MUST ACCOMPANY APPLICATION

ALASKA NATIVE\_\_\_\_ AMERICAN INDIAN \_\_\_\_ NATIVE HAWAIIAN\_\_\_ If you are Alaska Native or American Indian, please indicate which Tribe you are enrolled.

## **EDUCATION**

## Please check your highest level of education:

Scl	hool/Institution Name
Ye	ears Completed
Dip	ploma/Degree Describe
Co	ourse of Study:
De	escribe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities
Но	onors Received:
Sta	ate any additional information you feel may be helpful to us in considering your application.
На	ave you ever been arrested for a crime involving a child?YesNo
На	If yes, please state:
На	If yes, please state:  1. Date of arrest/charge
На	If yes, please state:  1. Date of arrest/charge  2. Description
На	If yes, please state:  1. Date of arrest/charge  2. Description  3. Disposition
На	If yes, please state:  1. Date of arrest/charge  2. Description  3. Disposition
	If yes, please state:  1. Date of arrest/charge  2. Description  3. Disposition  4. Location
	If yes, please state:  1. Date of arrest/charge
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### **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant	Date

FOR PERSONNEL DEPARTMENT USE ONLY				
Arrange InterviewYes _ Remarks				
EmployedYesNo	Date of Employment			
Job Title	Hourly Rate/Salary	Dept		
	Ву			
	Name & Title	Date		