



Native Village of Chitina
Aka
Chitina Traditional Indian Village Council
PO Box 31
Chitina, Alaska 99566
(P)907-823-2215 (F) 907-823-2285
Email: chitina_village@outlook.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
IF THIS APPLICATION LEADS TO EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY RELEASE.
ALL APPLICATIONS WILL BE CONSIDERED REGARDLESS OF SEX, AGE, RELIGION, HANDICAP, OR RACE EXCEPT FOR "INDIAN PREFERENCE" AS REQUIRED BY THE BUREAU OF INDIAN AFFAIRS AND THE INDIAN HEALTH SERVICE.
I UNDERSTAND THAT NATIVE VILLAGE OF CHITINA/CHITINA TRADITIONAL INDIAN VILLAGE COUNCIL IS AN "AT-WILL" EMPLOYER AND I MAY BE TERMINATED WITH OR WITHOUT NOTICE AT ANY TIME.
I UNDERSTAND THAT URINALYSIS TESTING, A CRIMINAL BACKGROUND INFORMATION/CHECK, AND A DRIVING RECORD IS REQUIRED OF ME BY MY SIGNATURE BELOW, BEFORE HIRE IS CONSIDERED.
I UNDERSTAND THAT NVC/CTIVC IS FUNDED BY THE BUREAU OF INDIAN AFFAIRS AND THE INDIAN HEALTH SERVICES AND THAT REGULATIONS REQUIRE THAT "INDIAN PREFERENCE" IS USED FOR CONSIDERATION FOR EMPLOYMENT AND TRAINING.*

Signature: _____ Date: _____

IF YOU WISH TO BE CONSIDERED FOR "INDIAN PREFERENCE" PLEASE PROVIDE THE INFORMATION BELOW:

- TRIBE: _____
- DEGREE: _____
- REGION: _____
- VILLAGE: _____
- ENROLLMENT NUMBER: _____
- ENROLLMENT OFFICE: _____
- OTHER VERIFICATION: _____