



Gwichyaa Zhee Gwich'in Tribal Government

(Formerly known as the Native Village of Fort Yukon, IRA)

P.O. Box 126

Fort Yukon, AK 99740

Phone: (907) 662-2581

Fax: (907) 662-2222

Date Received _____

Accepted _____

Rejected _____

EMPLOYMENT APPLICATION

Position applying for: _____

Please print all information clearly

Availability: Part-time Full-time Temporary If part-time, hours available: _____

PERSONAL INFORMATION

Name: _____
(Last, First, and Middle Initial or Maiden Name)

Address: _____
Street/ P.O. Box City State Zip

Telephone Number: (_____) _____ - _____ (_____) _____ - _____
Home Work

Date of Birth (mm/dd/yyyy): ____/____/____ Social Security Number: ____-____-____

Are you an enrolled Tribal Member? Yes No Email Address: _____

OTHER PERTINENT INFORMATION

U.S. Citizen: Yes No If Yes, check one: By Birth _____
By Naturalization _____
If No, please present a valid Work Permit

Some positions require information on specific criminal activity. Please provide information (dates, charges, disposition) regarding: **all pending and prior criminal arrests and charges**. This includes convictions related to any form of child abuse and/or neglect and convictions of violent felonies.

Is there any reason known to you why you might be unable to perform consistently and promptly, any of the job duties for the position being applied for?

Yes If Yes, please explain:

No

Some positions require a valid Driver's License. Failure to provide the necessary documents could, if hired, result in immediate dismissal. This also applies to physical examinations and TB test results.

Do you have a valid Driver's License? Yes Issuing State: _____ License #: _____
No Expiration Date: _____

If you are required to be registered by Selective Service, please certify your compliance by your initials _____

Please check appropriate boxes:

- I served honorably in the Armed Forces of the United States on active duty (Branch: _____)
- I have a service related disability
- I am the surviving spouse or dependent of a veteran who died from service-related reasons
- I am the spouse of a disabled veteran (Dates of spouse's active service: _____)

Were you previously employed by the Gwichyaa Gwich'in Tribal Government? Yes No
 Were you temporary or permanent? Temporary Permanent
 What position did you hold? _____

EDUCATION

High School Attended:

Name *City* *State*
 Did you graduate? Yes No If Yes, year: _____ I received my GED (Date: _____)

College/Technical School Attended:

Name *City* *State*
 Dates: _____ to _____ Title/Degree: _____
 Hours Completed: _____ Major: _____
 Did you graduate? Yes No If Yes, year: _____

Second College/Technical School Attended:

Name *City* *State*
 Dates: _____ to _____ Title/Degree: _____
 Hours Completed: _____ Major: _____
 Did you graduate? YesNo If Yes, year: _____

Graduate School/Program Attended:

Name *City* *State*
 Dates: _____ to _____ Title/Degree: _____
 Hours Completed: _____ Major: _____
 Did you graduate? Yes No If Yes, year: _____

List fields of work for which you are licensed, registered or certified, giving date(s), source(s) and number(s):

Continue on next page

EMPLOYMENT HISTORY

Please give an accurate, complete, full and part-time employment record. Start with your present or most recent employer. Include, if you wish, military service assignments, volunteer work or self-employment. (Attach resume if available).

1. Current or most recent position

Job Title: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____ Name of Supervisor: _____

Dates of employment: From (mm/yy) ____/____ To (mm/yy) ____/____

Were you full-time? Yes No If no, how many hours did you work per week? _____

Starting salary: _____ per _____ Ending salary: _____ per _____ # of employees supervised: _____

Why did you leave or why do you desire to leave? _____

If dismissed explain: _____

What were your primary job duties? (in order of importance) _____

May we contact this employer? Yes No

2. Previous position

Job Title: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____ Name of Supervisor: _____

Dates of employment: From (mm/yy) ____/____ To (mm/yy) ____/____

Were you full-time? Yes No If no, how many hours did you work per week? _____

Starting salary: _____ per _____ Ending salary: _____ per _____ # of employees supervised: _____

Why did you leave or why do you desire to leave? _____

If dismissed explain: _____

What were your primary job duties? (in order of importance) _____

May we contact this employer? Yes No

Continue on next page

EMPLOYMENT HISTORY, continued**3. Previous position**

Job Title: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____ Name of Supervisor: _____

Dates of employment: From (mm/yy) ____/____/____ To (mm/yy) ____/____/____

Were you full-time? Yes No If no, how many hours did you work per week? _____

Starting salary: _____ per _____ Ending salary: _____ per _____ # of employees supervised: _____

Why did you leave or why do you desire to leave? _____

If dismissed explain: _____

What were your primary job duties? (in order of importance) _____

May we contact this employer? Yes No

4. Previous position

Job Title: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____ Name of Supervisor: _____

Dates of employment: From (mm/yy) ____/____/____ To (mm/yy) ____/____/____

Were you full-time? Yes No If no, how many hours did you work per week? _____

Starting salary: _____ per _____ Ending salary: _____ per _____ # of employees supervised: _____

Why did you leave or why do you desire to leave? _____

If dismissed explain: _____

What were your primary job duties? (in order of importance) _____

May we contact this employer? Yes No

Continue on next page

EMPLOYMENT HISTORY, continued

5. Previous position

Job Title: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____ Name of Supervisor: _____

Dates of employment: From (mm/yy) ____/____/____ To (mm/yy) ____/____/____

Were you full-time? Yes No If no, how many hours did you work per week? _____

Starting salary: _____ per _____ Ending salary: _____ per _____ # of employees supervised: _____

Why did you leave or why do you desire to leave? _____

If dismissed explain: _____

What were your primary job duties? (in order of importance) _____

May we contact this employer? Yes No

6. Previous position

Job Title: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____ Name of Supervisor: _____

Dates of employment: From (mm/yy) ____/____/____ To (mm/yy) ____/____/____

Were you full-time? Yes No If no, how many hours did you work per week? _____

Starting salary: _____ per _____ Ending salary: _____ per _____ # of employees supervised: _____

Why did you leave or why do you desire to leave? _____

If dismissed explain: _____

What were your primary job duties? (in order of importance) _____

May we contact this employer? Yes No

Continue on next page

OTHER QUALIFICATIONS

1. List specialized skills that are relevant to the position you are applying for:

Skill (example: Excel, Access, HTML, Fundware, etc.)	Proficiency (indicate: Expert, Working Knowledge, or No Skill)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. List training programs/courses you have attended/completed that are relevant to the position you are applying for:

3. List all office machinery you are capable of using with little or no supervision (including copiers, typewriters, etc.):

4. List languages, other than English, which you speak, read and/or write:

Speak Read Write

References

List at least three (3) references who have knowledge of your work experience and abilities and/or your character.

1. _____	_____	_____
<i>Name</i>	<i>Address</i>	<i>Phone</i>
2. _____	_____	_____
<i>Name</i>	<i>Address</i>	<i>Phone</i>
3. _____	_____	_____
<i>Name</i>	<i>Address</i>	<i>Phone</i>

Applicant Statement:

I certify that the information provided here is true and correct and complete. I understand that any misstatement or omission of fact on this application may result in the refusal to employ or, if hired, immediate dismissal. I authorize investigation of all statements contained herein in order for an employment decision to be made. I understand that this application is not and is not intended to be a contract of employment. _____ (Initials)

I also understand that the Gwichyaa Zhee Gwich'in Tribal Government is a Drug and Alcohol-Free workplace. As such, I may be required to submit to a pre-employment drug test. I understand also that random, unannounced drug-tests may be conducted during my employment, and results will be dealt with according to GZGTG policy. _____(Initials)

Signed: _____ Date: _____