



## Gwich'yaan 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 \_\_\_\_\_  
If No, please present a valid Work Permit By Naturalization \_\_\_\_\_

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: \_\_\_\_\_