

Gakona Village Council  
P.O.Box 102  
Gakona, Alaska 99586  
(907) 822-5777

## EMPLOYMENT APPLICATION

<b>PERSONAL</b>	First Name	M.I.	Last Name	TODAY'S DATE:	
	Street Address/Mailing:			Home Phone:	
	City, State & Zip Code:			Business Phone:	
	Job Position applying for:			Social Security Number:	
	Apart from absence for religious observance, are you available for full time work?				
	YES		NO		If not, what hours:
	Are you willing to travel for job related training or meetings?			YES	NO
	Do you have a current valid Alaska drivers license?			YES	NO
	Do you have a private vehicle available for job related travel?			YES	NO
	List driving infractions during the past 5 years:				

<b>EDUCATION</b>	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE? WHAT DEGREE:
	COLLEGE				
	HIGH				
	VOCATIONAL, TECHNICAL, SEMINAR, ETC.				
	OTHER:				

<b>COMMENTS</b>	This space has been provided to list any special trainings or skills that may promote your chances of being hired. Please be accurate in dates, only if you wish to list any trainings, skills, or comments. (languages, operating of any machines, etc.)				
	Typing	YES	NO	WORDS PER MINUTE:	
	Speed Writing	YES	NO	WORDS PER MINUTE:	
	Calculator (10 KEY)	YES	NO		
	Computer Programs (Microsoft Office)	Word	Excell	Publisher	Adobe
	Please circle all that apply	Other:			
	Other Skills:				

# PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with the most recent.

We may contact the employer listed below, unless you indicate those you do not want us to contact

## DO NOT CONTACT

Employer Number(s) \_\_\_\_\_  
Reason \_\_\_\_\_

1	Company name	Telephone
	Address	( ) Employed (State month and year)
	Name of supervisor	From: _____ To: _____ Hourly pay
	State job title and describe your work	Start: _____ Last: _____ Reason for leaving:

2	Company name	Telephone
	Address	( ) Employed (State month and year)
	Name of supervisor	From: _____ To: _____ Hourly pay
	State job title and describe your work	Start: _____ Last: _____ Reason for leaving:

3	Company name	Telephone
	Address	( ) Employed (State month and year)
	Name of supervisor	From: _____ To: _____ Hourly pay
	State job title and describe your work	Start: _____ Last: _____ Reason for leaving:

4	Company name	Telephone
	Address	( ) Employed (State month and year)
	Name of supervisor	From: _____ To: _____ Hourly pay
	State job title and describe your work	Start: _____ Last: _____ Reason for leaving:

The Bureau of Indian Affairs and Indian Health Services regulations require that we use "Indian Preference" in employment and training programs that these two agencies fund.

If you wish to be considered for "Indian Preferences" in Employment and training, please complete and sign below:

TRIBE: \_\_\_\_\_ DEGREE: \_\_\_\_\_

ENROLLEMENT #: \_\_\_\_\_

REGION: \_\_\_\_\_ VILLAGE: \_\_\_\_\_

RESERVATION OR ENROLLMENT OFFICE: \_\_\_\_\_

OTHER VERIFICATIONS: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_