

To work together in unity and faith
for a better tomorrow... and a stronger people.

JOB APPLICATION

Position Applying For

Native Village of Gakona

P.O. Box 102 Gakona, AK 99586

P: 907.822.5777

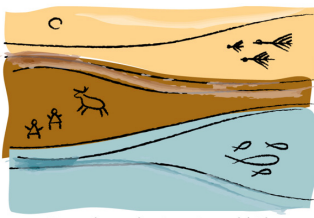
F: 907.822.5997

PERSONAL INFORMATION

Last Name	First Name	M.I.	Main Phone
Street Address/Mailing			Alternative Phone
City, State, & Zip Code			E-Mail
Willing to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>		On what date could you start?	
		Are you willing to travel for job related trainings or meetings? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a current valid Alaska driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Can you provide your own transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Military Service? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch		Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch	
List any driving infractions during the past 5 years			

EMPLOYMENT HISTORY

	Current or Most Recent	Prior	Prior
Employer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
City, State, & Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Employment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Job Title	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pay	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for Leaving	<input type="text"/>	<input type="text"/>	<input type="text"/>
May we Contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



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EDUCATION

	Name and Location	Course Of Study	Years Completed	Degree
High School				
College				
Trade/Technical				
Other				
List any other applicable, relevant, or specialized skills that may contribute to your abilities in performing the desired position.				

REFERENCES

	Reference 1	Reference 2	Reference 3
Name			
Occupation			
Years Known			
Telephone			

EMERGENCY CONTACT

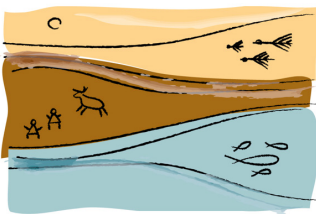
Name	Relation	Telephone
Address		

All applicants will be considered regardless of sex, age, religion, handicap, or race, except for "Indian Preference" as required by Bureau of Indian Affairs and Indian Health Service.

I hereby declare the information provided by the application for employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I understand it is my responsibility to notify the Gakona Village Council if I want this application to be considered for another position. It is my responsibility to update the application as needed. All applications will be kept on file for one year.

Signature	Date
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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.

Last Name	First Name	M.I.
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Tribe	Region	Degree
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Enrollment #	Village
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Reservation or Enrollment Office

Other Verifications

Signature	Date
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