



Hoonah Indian Association

P.O. Box 602

Hoonah, AK 99829-0602

Phone (907) 945-3545 Fax (907) 945-3703



EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY:

It is the intent and resolve of the Hoonah Indian Association to comply with the requirements and spirit of the law in the implementation of all facets of equal opportunity and affirmative action. In the recruitment, selection, training, utilization, promotion, termination, or any other personnel action, there will be no discrimination on the basis of race, creed, color, religious, belief, sex, age, national origin, ancestry, physical or mental handicap or veteran status. The Hoonah Indian Association fully complies with all government requirements for setting up and carrying through affirmative action policies related to the protected classes.

NATIVE PREFERENCE:

As a Federal government contractor, the Hoonah Indian Association complies with U.S. Public Law 93-638, Section 7 (b) which states "any contract, subcontract or sub grant pursuant to this Act authorizing Federal contracts with or grants to Indian organizations or for the benefit of Indians, shall require that to the greatest extent feasible" shall give preference and opportunity for training and employment in connection with the administration of such contracts or grants shall be given to Natives. In compliance with Federal Law, the Hoonah Indian Association gives Indian Preference to qualified candidates who are Alaska Native and/or American Indian and a documented member of a Federally recognized Tribe.

TODAY'S DATE: _____

BIRTHDATE: _____

SOCIAL SECURITY #: _____

PHONE #: _____

POSITION APPLYING FOR: _____

NAME: _____
(FIRST) (M.I.) (LAST)

MAILING ADDRESS: _____
(PO BOX #) (CITY) (STATE) (ZIP)

STREET ADDRESS: _____
(PHYSICAL ADDRESS)

ARE YOU AN ALASKAN RESIDENT: YES NO

ARE YOU ENROLLED WITH THE HOONAH INDIAN ASSOCIATION: YES NO
IF YES, ENROLLMENT #: _____

TYPE OF EMPLOYMENT YOU ARE WILLING TO ACCEPT:

PERMANENT FULL-TIME PERMANENT PART-TIME PART-TIME SEASONAL

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO STATE: _____ LICENSE #: _____

YOU A CITIZEN OF THE UNITED STATES? YES NO

DO YOU HAVE A DISABILITY, HANDICAP, OR MEDICAL CONDITION THAT WOULD LIMIT YOUR JOB PERFORMANCE? YES NO

IF YES, PLEASE EXPLAIN:

EDUCATION:

HIGHEST GRADE COMPLETED: 10 11 12 GED VOC-TECH COLLEGE

DATE GRADUATED: _____ DATE RECEIVED GED: _____

NAME OF SCHOOL: _____

DESCRIBE COURSE OF STUDY:

LIST CURRENT PROFESSIONAL LICENSES, CERTIFICATES, OR REGISTRATIONS:

TITLE: _____ DATE OBTAINED: _____

TITLE: _____ DATE OBTAINED: _____

TITLE: _____ DATE OBTAINED: _____

LIST ELECTRONIC OR MECHANICAL EQUIPMENT THAT YOU OPERATE OR REPAIR:

REFERENCES:

PLEASE LIST (3) THREE REFERENCES NOT RELATED TO YOU (NAME, ADDRESS, & PHONE #)

(NAME) (ADDRESS) (PHONE #)

(NAME) (ADDRESS) (PHONE #)

(NAME) (ADDRESS) (PHONE #)

WORK HISTORY:

Start with your present or most recent job and work back. Include full-time and part-time paid and volunteer (unpaid) work, military experience, and summer jobs. Give accurate and complete information about the duties and responsibilities you had in each job, including the percentage of time spend on each duty or responsibility. If you supervised anyone, explain who they were (clerical, technician, etc.) and describe what kind of supervisory duties you had (direct the work, hired, evaluated, fired, etc.) Incomplete answers may lead to your application being rejected or scored low. A complete description of your duties is essential. Use a separate sheet of paper if necessary. DO NOT WRITE "SEE RESUME"

COMPANY NAME: _____ PHONE #: _____
YOUR TITLE: _____ DATE OF EMPLOYMENT: _____ TO: _____
DUTIES: _____

SUPERVISORS NAME: _____ REASON FOR LEAVING: _____

COMPANY NAME: _____ PHONE #: _____
YOUR TITLE: _____ DATE OF EMPLOYMENT: _____ TO: _____
DUTIES: _____

SUPERVISORS NAME: _____ REASON FOR LEAVING: _____

COMPANY NAME: _____ PHONE #: _____
YOUR TITLE: _____ DATE OF EMPLOYMENT: _____ TO: _____
DUTIES: _____

SUPERVISORS NAME: _____ REASON FOR LEAVING: _____

COMPANY NAME: _____ PHONE #: _____
YOUR TITLE: _____ DATE OF EMPLOYMENT: _____ TO: _____
DUTIES: _____

SUPERVISORS NAME: _____ REASON FOR LEAVING: _____

COMPANY NAME: _____ PHONE #: _____
YOUR TITLE: _____ DATE OF EMPLOYMENT: _____ TO: _____
DUTIES: _____

SUPERVISORS NAME: _____ REASON FOR LEAVING: _____

CONDITIONS OF EMPLOYMENT:

- All employment as Hoonah Indian Association is "at will". This means that the employee or Hoonah Indian Association may terminate employment at any time and for any reason. Unless specified in writing, no term of employment is express or implied for this position.
- Hoonah Indian Association is a no tolerance workplace. All employees must pass a pre-employment (receive a negative test result) and random drug screening to be eligible for and to maintain employment.

I have read and understand the conditions of employment: _____ (Initial Here)

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING

I certify that the information I have entered on this form is true and complete to the best of my knowledge. I have read the minimum qualifications for this position and believe that I am qualified. I understand that if I deliberately conceal or submit false information on this form, my name may be removed from the eligible list, or if employed, I may be removed from my job; that the information in this application may be released in an authorized legal investigation and that for this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I agree that Hoonah Indian Association, or its agents, may contact current or former employers or other persons who know me to obtain additional information.

Signature: _____ Date: _____

IF NOT SIGNED, THIS APPLICATION MAY BE RETURNED TO YOU.