



## Employment Application

The Aleutian Pribilof Islands Association is an Equal Opportunity Employer, and it is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, sex, religion, national origin, or other protected classification. It is also our policy to provide Native preference for positions funded through Indian Health Service and Bureau of Indian Affairs grant/contract monies.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you able to perform the essential functions of this position with or without accommodations? YES NO

Are you over 18 years of age? If not can you provide required proof of your eligibility to work? YES NO  
  Are you a veteran? YES NO

Native Status (Only applies to positions under IHS and BIA funding, in which case proof of Native status will be required upon employment.): Native Non

Are you able to work legally in this country? (*Proof of citizenship or immigration status will be required upon employment.*) YES NO

Have you ever worked for this company? YES NO If yes, when and what capacity? \_\_\_\_\_

Have you ever been convicted of a felony? (*Conviction will not necessarily disqualify an applicant from employment.*) YES NO If yes, give date and describe conditions. \_\_\_\_\_

Are you willing to travel as required? YES NO Are you willing to work overtime as required? YES NO

Do you have a valid Alaska driver's license?

YES

NO

Are you willing to work:

Full-Time

Part-Time

Shift Work

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College/University: \_\_\_\_\_ Address: \_\_\_\_\_

Course Study: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Business/Technical School: \_\_\_\_\_ Address: \_\_\_\_\_

Course Study: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Course Study: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Other

Describe any specialized training, apprenticeship, and extra-curricular activities.

Describe any honors you have received.

Describe any professional licenses, certificates or registrations.

Describe any types of electronic and/or office machines you are qualified to operate.

Indicate technical abilities. Typing Speed \_\_\_\_\_ Dictation Speed \_\_\_\_\_ Calculator by:  Touch  Sight

Describe any computer skills you have.

State any additional information you feel may be helpful to us in considering your application.

Indicate languages you can speak, read and/or write: Fluent, Good or Fair

#### Unangax

#### English

	Fluent	Good	Fair	Fluent	Good	Fair
Speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.)

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**References**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Previous Employment**

Start with you present or last job. Include any job-related military service assignments and volunteer activities. (You may exclude organizations which indicate a protected status.)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your current supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

**Certification and Signature**

*I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the Association to investigate my past and present work, character, education, military, police and credit records as necessary to ascertain any and all information which may be pertinent to my employment qualifications. I agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I understand that upon hire, I will be required to provide information for compliance with the Immigration Reform and Control Act. I understand that employment may depend upon the results of physical examination, drug tests or other types of pre-employment tests. I understand and agree that my employment with the company is entered into voluntarily and that I may resign at any time. Similarly, my employment may be terminated for any reason or no reason with or without previous notice. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (This application for employment shall be considered active only for the current open position applied for.)