



Orutsararmiut Native Council  
Box 927, Bethel, Alaska 99559  
Phone (907)543-2608 Fax (907)543-2639

## APPLICATION FOR EMPLOYMENT

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Message Ph #: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Are you, or have you ever been employed at ONC? If so give date(s) and title(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to work: -Full-Time -Part-Time -Temporary

Date available to work: \_\_\_\_\_

Are you willing to travel? -Yes -No To Remote Areas- Continuous Travel-

Frequent Travel- Occasional Travel-

List relatives, by blood or marriage employed at ONC: \_\_\_\_\_

\_\_\_\_\_

Are you currently employed?  - No  -Yes

If so may we contact your present employer?  - No  -Yes

Did you serve in the Military?  - No  -Yes

Do you have a valid Alaska driver's license?  - No  -Yes  
(Only if driving is part of the job applied for.)

Have you been convicted of a felony?  - No  -Yes  
(If pertinent to the position.)

## EDUCATION HISTORY

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 + Diploma or GED

Name and address of High School: \_\_\_\_\_

List any High School courses that relate to the position you are applying for:

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Do you have any Post-Secondary Education (vocational, technical, college: or university? -No -Yes

If yes, please list name and address of school, dates of attendance, course of study, and degree or certificate earned

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Do you speak or read a language other than English? -No -Yes

If Yes, please list each language and place an "X" in each column that applies to you:

	<b>Speak</b>			<b>Read</b>			<b>Write</b>		
<b>Language(s)</b>	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair

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Are you able to perform the essential function of the position you have applied for with or without accommodation? -No -Yes

## EMPLOYMENT HISTORY

Please include all jobs you have held within the past ten (10) years. List earlier job histories, if pertinent to the job you are applying for. Include any period of employment over three (3) months in length. Use additional pages if needed to give complete employment history. Start with the last or present position and work backwards.

Employer	Telephone Number ( )	Summarize nature of job responsibilities:
Address		
Job Title:		
Immediate Supervisor:		
Reason for Leaving:		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Dates of employment: From: / / To: / /		
Hours per week:		
Salary/Earnings: starting: ending:		Number of employees supervised:

Employer	Telephone Number ( )	Summarize nature of job responsibilities:
Address		
Job Title:		
Immediate Supervisor:		
Reason for Leaving:		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Dates of employment: From: / / To: / /		
Hours per week:		
Salary/Earnings: starting: ending:		Number of employees supervised:

Employer	Telephone Number ( )	Summarize nature of job responsibilities:
Address		
Job Title:		
Immediate Supervisor:		
Reason for Leaving:		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Dates of employment: From: / / To: / /		
Hours per week:		
Salary/Earnings: starting: ending:		Number of employees supervised:

## ELECTRONIC OR MECHANICAL EQUIPMENT QUALIFICATIONS

Machines or equipment qualified to operate

Machines or equipment qualified to repair

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Clerical and Office Skills: \_\_\_\_\_ Typing \_\_\_ wpm Shorthand \_\_\_ wpm

List three (3) references, names and addresses (not relatives or employers) who have knowledge of your character and ability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY THAT all information in connection with this application is true and complete to the best of my knowledge. I understand that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

By signing below, I am affirming the statements I have made in this application, plus any additional written or oral information I have provided (such as in resume' or interview) are true, and that I have not omitted anything about myself which might be important to the facility in consideration for employment on a basis prohibited by local, state, or federal law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date