



EMPLOYMENT APPLICATION

GULKANA VILLAGE COUNCIL

P.O. Box 254 Gakona, AK 99586

(907) 822-3746 Fax: 822-3976 Email: admin@gulkanacouncil.org

APPLICANT INFORMATION

Last Name	First, M.I.	Date:	
Mailing Address	City	State	Zip Code:
Home Phone:	Cell Phone	Date You Can Start	
SSN:	E-mail Address		
Position Applying for:			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you are Native, have you attached your CIB or Tribal Enrollment Card?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please list Tribe:	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Do you have a valid Alaska State Driver's license	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, AKDL#	

EDUCATION

High School Name	Location
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College	Location
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Trade/ Technical	Location
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Area of Study

Please list your areas of highest proficiency, special skills, professional licenses/certificates or other items that may contribute to your abilities in performing the above-mentioned position.

PREVIOUS EMPLOYMENT: (STARTING WITH MOST RECENT)

Company		Phone ()	
Address		Supervisor	
Job Title		Salary	\$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title		Salary	\$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title		Salary	\$
Responsibilities			
From	To	Reason for Leaving	

REFERENCES: LIST TWO REFERENCES THAT ARE NOT RELATIVES:

Name	Address/Phone	Relationship	Years Known
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Name	Address/Phone	Relationship	Years Known
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PLEASE READ CAREFULLY AND SIGN- I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I further understand that the Gulkana Village Council has the right to review my education, previous employment and other background data. I also understand Gulkana Village Council's Drug Policy and requirements for passing a pre-employment drug test.

I understand it is my responsibility to notify the Gulkana 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 three (3) months.

Applicant's Signature _____ **Date:** _____

NOTICE OF NONDISCRIMINATION- Per Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, Gulkana Village Council does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, sexual orientation or status as disabled veteran or veteran of the Vietnam Era. Gulkana Village Council Exercises Federal Law (PL 93-638), which allows American Indian/Alaska Native preference in hiring for all positions.

*The Bureau of Indian Affairs regulations require that Gulkana Village Council use "Indian Preference" in employment and training programs. If you wish to be considered for "Indian Preference" please attach a copy of a Federally recognized Certificate of Indian Blood and/or Tribal Enrollment card.