

# APPLICATION FOR EMPLOYMENT

## Kodiak Area Native Association



3449 E. Rezanof Dr.  
Kodiak, AK 99615  
(907)486-9800, *phone*  
(907)486-9896, *fax*

Date of Application: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

When can you start?  Immediately  Two Weeks  Other

### Personal Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Msg. Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

• Have you previously worked for KANA?  Yes  No  
If "Yes," indicate dates, department, and position: \_\_\_\_\_

• Are you currently employed with KANA?  Yes  No  
If "Yes," indicate department and position: \_\_\_\_\_

• Do you have any relatives or household members employed with KANA?  Yes  No  
If "Yes" indicate name(s), department and position \_\_\_\_\_

• Are you authorized to work in the United States on an unrestricted basis?  Yes  No  
If you are hired, you must provide authorization to work in the U.S.

• Are you at least 18 years of age?  Yes  No

• Starting salary expected: \_\_\_\_\_ \$

• Availability to work (check all that apply):  Full-time  Part-time  Temp.

• Will you work overtime if required?  Yes  No

• Will you travel if required?  Yes  No

• Can you perform the essential functions of the job you are applying for with or without reasonable accommodation, including its work attendance requirements?  Yes  No

How did you hear about this position?  KANA Website  ALEXsys / Job Services  Newspaper

Posted at Tribal Council  Employee referral: \_\_\_\_\_  Other: \_\_\_\_\_

### EDUCATION

School	Name and Location of School	Major/Minor Course of Study	Years Completed	Did you graduate?	Degree or Diploma
Graduate					
College/University					
Vocation/Trade/Technical					
High School					

### KNOWLEDGE, SKILLS, ABILITIES

*Please describe additional skills, knowledge and abilities or any other information that you believe is relevant for employment with KANA (ex. computer knowledge, software, hardware, typing speed, languages)*

### LICENSES, REGISTRATIONS, CERTIFICATIONS

**DO NOT INCLUDE DRIVER'S LICENSE**

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	NUMBER	ELIGIBLE

### EMPLOYMENT HISTORY

*Start with your most recent employer. Answer all questions. Not acceptable to write "see resume." Attach additional pages if necessary.*

Company Name:		Job Title:		Dates of Employment:	
				From:	To:
Address:		Telephone #:		Supervisor:	
City/State/Zip:		Hourly Pay:		Reason for Leaving:	
	Start:		End:		
Describe your Job Duties ( <b>be specific</b> ):					
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain:			

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Make copy of blank form if additional space is needed for employment history.

## REFERENCES

*You must include with your application a list of at least three **professional** references whom we may contact to obtain work related performance information.*

	1	2	3
NAME			
COMPANY NAME			
MAILING ADDRESS			
CITY/STATE/ZIP			
PHONE NUMBER			
FAX NUMBER			

## BACKGROUND INFORMATION

1. Have you ever been convicted of a felony?  Yes  No

If yes, please explain:

2. Have you ever been convicted of a misdemeanor?  Yes  No

If yes, please explain:

3. *Initials* \_\_\_\_\_ The Kodiak Area Native Association (KANA) requires an employee background check as a condition of employment. The information provided on this application will be used to perform a criminal background check and a character evaluation. Employees have the right to obtain a summary of the criminal history report made available to KANA and to challenge the accuracy and completeness of the information in the report. An FBI check, including fingerprints will be required as a condition of employment. Retention in any position is contingent upon satisfactory results from this investigation.

4. *Initials* \_\_\_\_\_ KANA is a Drug Free Workplace requiring pre-employment, reasonable suspicion and random drug and alcohol screening of all employees.

5. Have you ever been excluded, suspended or debarred from, or otherwise sanctioned by the Medicare or Medicaid program or any other federally funded health care program?

Yes  No

If yes, please explain:

6. List any health care or health care related business in which you or a member of your family or household has a direct or indirect ownership or controlling interest of 5% or more. Include any Medicare or Medicaid provider number for each.

7. Have any of the entities which you listed in response to question #6 above been excluded, suspended, or debarred from or otherwise sanctioned by Medicare, Medicaid or any other federally funded health care programs?

Yes  No

If yes, please explain:

**APPLICANT'S CERTIFICATION**

**APPLICANTS, PLEASE READ THE FOLLOWING:**

*I certify, understand and agree upon that the facts described in this application for Employment are true. I understand that if I am employed, and false statements, omissions or misrepresentations will be sufficient cause for cancellation of the application and/or immediate dismissal from KANA.*

*I further understand that this is an application for employment and that no employment contract is being offered.*

*I hereby authorize KANA to investigate my past and present work, character, and education records to ascertain any and all information, which may be pertinent to my employment qualifications. I release from all liability or responsibility all persons and corporations requesting or supplying such information.*

*KANA is an Equal Opportunity Employer exercising Alaska Native/American Indian preference in hiring as authorized by P.L. 93-638. KANA does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.*

*I agree, if employed, to abide by all KANA policies and procedures. I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time. I understand that no representative of KANA has the authority to make any assurances to the contrary.*

Signature:

Date:

**ALASKA NATIVE/AMERICAN INDIAN PREFERENCE**

It is the policy of the Kodiak Area Native Association to give preference in employment to qualified Alaska Native/Native Americans regardless of age, religion, sex, marital status, physical handicap or status as a disabled veteran or veteran of the Vietnam Era. (As authorized by Section 7(b) (1) of P.L. 93-638)

It is further the Association's policy to recruit, hire, train, and promote all personnel without regard to race, color, religion, national origin, sex or age, Vietnam Era veteran or disabled veteran or individual with handicap status.

If you are Alaska Native/Native American from a United States federally recognized tribe, or descendent thereof, you may be eligible to claim Alaska Native/Native American preference. Documentation of BIA certification or tribal enrollment will be required to determine eligibility.

Your voluntary cooperation in completing the following information will be appreciated.

Printed Name:

Position Applying For:

Do you wish to claim Alaska Native/American Indian preference?  Yes  No

If yes, is documentation attached?  Yes  No

If documentation is not attached it must be provided prior to employment. If you require assistance obtaining your enrollment documentation, please contact the Human Resources Department.

SIGNATURE:

DATE: