

Application for Employment

Arctic Slope Native Association, Ltd
Human Resource Department
PO Box 29 * Barrow, Alaska 99723
907.852.9257 * 800.478.3033 * FAX 907.852.3365

Date of Application _____

Position(s) Applying For _____

Name _____			
_____	_____	_____	_____
Last	First	Middle	Preferred Name
Mailing Address _____		City _____	State _____ Zip _____
Home Phone _____	Message Phone _____	E-mail _____	
Social Security Number _____		Drivers License Number _____	State _____
Have you ever worked or attended school under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, by what name/s: _____			

I understand that, upon employment, proof of legal right to work in the United States and completion of I-9 form is required. I am 18 years of age or older.

Are you available to work? Full-Time Part-Time On Shifts Overtime

Will you accept temporary work? Yes No

Will you travel if work requires it? Yes No

Have you filed an application here before? Yes When? _____

Have you been employed here before? Yes When? _____

Are you Alaskan Native/American Indian? Yes No

Arctic Slope Native Association, Ltd. exercises the rights in Native hire preferences, contracting, and subcontracting and employment practices applicable by law.

Referral Source	<input type="checkbox"/> Local Posting	<input type="checkbox"/> Internet	<input type="checkbox"/> Friend/Relative
	<input type="checkbox"/> Magazine/Journal Ad	<input type="checkbox"/> Job Board	<input type="checkbox"/> Other

Arctic Slope Native Association is committed to maintaining a drug free, smoke free workplace.

Employment Experience

List each job held. Start with your present or last job. Include military service assignments and volunteer activities.

Employer _____ Dates of Employment _____
Address _____ Phone _____
Job Title _____ Reason for leaving _____
Supervisor _____ Salary _____
Work Performed _____

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Address _____ Phone _____
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Address _____ Phone _____
Job Title _____ Reason for leaving _____
Supervisor _____ Salary _____
Work Performed _____

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

Education and Training

Circle last level of education completed

High School 1 2 3 4 GED College or University 1 2 3 4 Graduate School 1 2 3 4

	Name & Location	GPA	Major & Minor	Degree Earned
High School				
University				
Graduate				
Vocational				
Certificates				

Office Skills Typing Sight Touch WPM_____ Ten Key Sight Touch
 Medical CPR First Aid BLS ACLS TNCC PALS ENPC
 Other HazComm HazMat Specify Other _____

Describe specialized training, apprenticeships skills, and licenses/certificates held.

Language Skills

Specify language (other than English)

	<u>Inupiaq</u>	<u>Language:</u>	<u>Language:</u>
Speak	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Read	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Write	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Computer Skills

PC Mac Word Excel RPMS FundWare Access

Specify software skills _____

Summarize special skills and qualifications acquired from employment or other experience

References

Name	Phone	E-mail	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Release of Information

I certify that the answers giving herein are true and complete to the best of my knowledge.

I hereby allow Arctic Slope Native Association, Ltd. (ASNA) the right to contact and investigate my former and current employers, and all other pertinent parties, including, but not limited to educational institutions where I enrolled, to fully investigate my background.

I understand that as part of the interview process, ASNA requires all applicants to disclose pertinent data concerning previous work history, military records, educational and volunteer activities.

I authorize ASNA to use any and all information required to make decisions regarding my employment, which may be disclosed to third parties.

I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employment application, at my interview, or at any time prior to my commencing employment with ASNA, I will not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before taking the job, I may be disciplined, up to and including immediate discharge.

I hereby indemnify, release and forever discharge and hold ASNA and its subsidiaries and affiliated companies, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosures thereto.

I understand, if selected, I will undergo a thorough background screening and may be subject to drug testing.

I understand all employment and compensation with ASNA is "at-will" which means that employment can be terminated with or without cause, and with or without notice, at any time at the option of either ASNA or the employee, except as otherwise provided by law.

Print Name

Signature of Applicant

Date