



NOME ESKIMO COMMUNITY

P.O. BOX 1090
NOME, ALASKA 99762

PHONE (907) 443-2246
FAX (907) 443-3539



APPLICATION FOR EMPLOYMENT

Position Applying For:

Date:

Name:

Social Security #:

Address:

Telephone Home:

Message:

Email Address (Optional):

* * * * *

For the purpose of determination of eligibility for positions that require Native Preference per Public Law 93-638.

Are you Native American or Alaska Native? Yes No

Are you a U.S. citizen* or otherwise eligible to work legally in the United States?
Yes No

Do you have a valid Alaska Driver's License? Yes No If Yes, ADL# : _____

Typing speed: If the position requires you to type, please complete.
Speed: _____ words per minute # _____ Errors

Military Service: Yes No

Duty/Specialized Training:

*Note: If you are hired, you must complete a form I-9 for the Immigration and Naturalization Service.

Have you been convicted of a misdemeanor or a felony as an adult within the last ten years?

Yes No

If yes*, please explain below.

*Note: A conviction will not automatically disqualify you for employment. The nature of the conviction and relevance to the position applied for will be evaluated.

Are there any reasons or circumstances, which would keep you from performing the duties of this job? Yes No

* * * * *

EDUCATION AND TRAINING

HIGH SCHOOL EDUCATION

Do you have a high school diploma? Yes No

Do you have a GED diploma? Yes No

COLLEGE/UNIVERSITY ATTENDED:

Name/Location	Dates Attended	Credits Earned	Graduated? Degree/Year	Major

VOCATIONAL TRAINING:

Name of Institution/Location	Dates Attended	Course of Study	Certificate

List any professional licenses or registration:

Please note any training or experience relevant to the specific position for which you are applying:

EMPLOYMENT HISTORY

Please give accurate full or part-time employment history. Start with your most recent employer. USE ANOTHER SHEET IF NECESSARY.

1. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

2. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

3. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

EMPLOYMENT HISTORY Continued

4. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

5. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

6. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

CERTIFICATION OF APPLICANT

I hereby certify that the information contained in this application for employment is correct to the best of my knowledge. I understand that if I am employed, false information on this application is grounds for dismissal. I hereby authorize Nome Eskimo Community to investigate my past and present work, character, education, military, and police records to ascertain any and all information which may be pertinent to my employment qualifications unless I have indicated not to do so. I release from all liability or responsibility all persons and corporations requesting or supplying such information. If I am employed by Nome Eskimo Community, I agree to conform to the rules and regulations of Nome Eskimo Community, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Nome Eskimo Community or myself.

Signature

Date

* * * * *

May we contact your previous employers? Yes No

If No, Name of employer you do not wish for us to contact: _____

Reason:

* * * * *

References

Name	Address	Phone	Occupation
1.			

2.			
3.			

EMERGENCY CONTACT

In case of an emergency during my employments, please contact:

Name:	Phone Number:
Address:	Relationship

* * * * *

List any relatives employed by or affiliated with Nome Eskimo Community.

Name	Relationship	Department

* * * * *

**DRUG FREE WORKPLACE & PROCEDURES
OF THE
NOME ESKIMO COMMUNITY (NEC) IRA COUNCIL**

Section 1: General Policy

The Nome Eskimo Community IRA has commitment to providing and maintaining a drug free workplace for the benefit of all its employees, members and others who may receive services from, or who are affected by the activities of the IRA, must follow all federal and state funding requirements regarding drug free workplace requirements, and to establish and enforce local internal policy on this matter as well.

Section 2: Requirements

- A. State and federal statutes and regulations prohibit the unlawful manufacture, distribution, dispensing, possession, or use of drugs or controlled substances in the workplace. This includes all IRA owned or operated buildings, offices, and other work areas. Under the Drug Free Workplace Act of 1988, 34 CFR Part 85, Subpart f, all employees of employers awarded federal grants must abide by this prohibition banning unlawful conduct with respect to drugs or controlled substances in the workplace. As the Nome Eskimo Community IRA receives federal grants from time to time, all IRA employees must comply with federal requirements. Furthermore, the IRA hereby establishes as its own internal policy the same drug free workplace requirements contained in state and federal law.
- B. Each individual offered employment by the IRA shall, prior to being hired, certify by signature their agreement to abide by the IRA "Drug Free Workplace Policies & Procedures." If an individual currently employed by the IRA at the time of passage of this policy shall also be required to sign the agreement certifying their willingness to abide by these policies.
- C. Each employee shall notify the President of the IRA of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- D. If the convicted employee is employed with any federal or state funds, the IRA shall notify the funding agency within ten (10) days after receiving notice of the conviction of the employee. Disciplinary action(s) shall be taken within thirty (30) days of the date, the IRA receives notice of the conviction.

**EMPLOYEE CERTIFICATION REGARDING AGREEMENT TO ABIDE BY THE
NOME ESKIMO COMMUNITY IRA
DRUG FREE WORKPLACE POLICIES AND PROCEDURES**

* * * * *

I hereby certify that I have been presented a copy of, and have read and understand the “Drug Free Workplace Policies and Procedures of the Nome Eskimo Community IRA.” I further certify that I will agree to abide by the policies and procedures adopted by the IRA as a condition to my employment by the IRA Council.

Signature

Date

Print Name

RELEASE OF INFORMATION AUTHORIZATION

As evidence of my desire to obtain employment with Nome Eskimo Community, I empower Nome Eskimo Community and or its agents to retrieve information from all prior employers, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies (including Bureau of Criminal Apprehension), worker's compensation agencies or individuals, relating to my past activities, to supply any and all information concerning by background, and release the same from any liability, resulting from providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, financial records, driving history, disciplinary, and conviction records.

By my signature below, I hereby release an individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I hereby certify that all the statements and answers set forth on the application and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions may be grounds for termination of my employment.

Last Name:	First Name:	Middle Initial:
Previous Name/Maiden Name:	Social Security Number:	
Street Address/P.O. Box #		
City:	State:	Zip:
Driver's License Number:	Date of Birth:	State of License:

I am willing that a photocopy of this authorization be accepted with the same authority as the original and this release expires one year after the date of origination.

Signature

Date