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APPLICATION FOR EMPLOYMENT Norton Sound Hospital Replacement Project

Name:	Social Security #:
Address:	City, State Zip
Telephone Home:	Message:
Email address:	

Are you Native American or Alaska Native? Yes No

Are you a U.S. Citizen¹ 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#: _____

Military Service? Yes No

Duty/Specialized Training: _____

Have you been convicted of a misdemeanor or a felony as an adult within the last ten years? Yes No

If yes, please explain: _____

Are there any reasons or circumstances, which would keep you from maintaining regular attendance and actively participating in training? Yes No

If yes, please explain: _____

¹ If you are hired, you must complete a form I-9 for the Immigration and Naturalization Service.

² A conviction will not automatically disqualify you for employment. The nature of the conviction and relevance to the position applied for will be evaluated.

EDUCATION AND TRAINING

HIGH SCHOOL EDUCATION

Do you have a high school diploma? Yes No

Do you have a GED diploma? Yes No

*If no, are you working to obtain your GED or high school 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, certifications and expiration dates (**please attach copies**): _____

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. **Do not leave Employment History blank.**

1. Company	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties: <i>(note: "See Resume" will not be accepted)</i>	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)

Please give accurate full or part-time employment history. Start with your most recent employer. **Do not leave Employment History blank.**

1. Company	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties: (note: "See Resume" will not be accepted)	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:	

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.

Signature

Date

May we contact your previous employers? Yes No

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

Reason: _____

REFERENCES: (Do not list family members)

Name	Address	Phone	Occupation
1.			
2.			
3.			

EMERGENCY CONTACT:

Name:	Phone Number:
Address:	Relationship:



DRUG FREE WORKPLACE

NSHC Hospital Replacement Project

The Norton Sound Health Corporation (NSHC) Hospital Replacement Project is a drug-free. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace is prohibited. The purpose of this Drug Testing Policy and Procedures Manual is to ensure that all applicants considered for employment are drug-free at the time of hire. All employees must comply with this drug-free policy as a condition of employment.

I understand that the NSHC Hospital Replacement Project is a drug-free workplace. All offers of employment will be contingent upon passing a pre-employment drug test.

Signature

Date

Print Name

RELEASE OF INFORMATION AUTHORIZATION

As evidence of my desire to obtain employment with NSHC Hospital Replacement Project, 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 my 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

Tips on Completing Application

NORTON SOUND HOSPITAL REPLACEMENT PROJECT

Those interested Please complete the Application for Employment for the Norton Sound Hospital Replacement Project. Nome Eskimo Community will be referring qualified Alaska Native and American Indian applicants to the NSHC Hospital Replacement Project Contractors and Sub contractors. Please Note that Nome Eskimo Community has no hiring authority. The information is used only to refer qualified individuals to the contractor, and will have no bearing on the employment selection process.

- Complete the entire application, explain in detail the duties completed and equipment/tools you have worked with.
- Highlight all commercial construction experience.
- List all construction and safety training you completed & attach all CURRENT certificates or supportive documentation.
- Submit a current resume to add to your application
- Submit Tribal Enrollment Application or BIA card

All applicants MUST PASS pre-employment DRUG SCREENING

If you have questions contact Dora Davis, Project Specialist by telephone at (907)443-9124, toll free 1-877-943-2246, or by e-mail doradavis@gci.net.

Mailing address: Hospital Replacement Project
Nome Eskimo Community
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