

NORTON SOUND HOSPITAL REPLACEMENT PROJECT

Those interested please complete the Application for Employment for the Norton Sound Hospital Replacement Project.

- All applications must be submitted to the Hospital Replacement Project Office at Nome Eskimo Community.
- All applications (Alaska Native and American Indian, and non-Native) will be made available for the Contractors and Sub-Contractors.
- Preference in employment for this Project is given to Alaska Natives and American Indians in accordance with federal law.
- Complete the entire application, explain in detail the duties completed and equipment/tools you worked with on your application.
- Highlight all commercial construction experience.
- List all construction and safety training you completed and attach all CURRENT certificates or supportive documentation.
- Submit a current resume to add to your application (optional).
- Submit Tribal Enrollment Verification or BIA card.

All applicants MUST PASS pre-employment DRUG SCREENING

*Please note that Nome Eskimo Community has no hiring authority. Please check the NEC website: www.necalaska.org for updates or contact the NSHC Hospital Replacement Project Office by telephone at (907) 443-9124 or toll free 1-877-943-2246.

Mailing address: ***Hospital Replacement Project
Nome Eskimo Community
PO Box 1090
Nome, AK 99762***

Physical address: ***Nome Eskimo Community
200 West 5th Avenue
Nome, AK 99762***

Fax numbers: ***Main (907) 443-3539
Alternate (907) 443-9144***

Website: ***www.necalaska.org***



P.O. Box 1090
 Nome, Alaska 99762
 (907) 443-2246 Phone
 (907) 443-3539 Fax

Toll Free 1-877-943-2246

nomeeskimo@gci.net
www.necalaska.org

APPLICATION FOR EMPLOYMENT Norton Sound Hospital Replacement Project

Name:	Social Security #:
Address:	City, State Zip
Telephone Home:	Message Telephone:
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	Month Year	Month Year
	From:	To:
Address/Telephone:	Circle One Full-time Part-time Seasonal On-call	
Job Title:	Start Pay:	End Pay:
Supervisor:	Reason For Leaving:	
Duties: <i>(note: "See Resume" will not be accepted)</i>		

2. Company	Month Year	Month Year
	From:	To:
Address/Telephone:	Circle One Full-time Part-time Seasonal On-call	
Job Title:	Start Pay:	End Pay:
Supervisor:	Reason For Leaving:	
Duties: <i>(note: "See Resume" will not be accepted)</i>		

3. Company	Month Year	Month Year
	From:	To:
Address/Telephone:	Circle One Full-time Part-time Seasonal On-call	
Job Title:	Start Pay:	End Pay:
Supervisor:	Reason For Leaving:	
Duties: <i>(note: "See Resume" will not be accepted)</i>		

EMPLOYMENT HISTORY

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

4. Company	Month Year	Month Year
	From:	To:
Address/Telephone:	Circle One Full-time Part-time Seasonal On-call	
Job Title:	Start Pay:	End Pay:
Supervisor:	Reason For Leaving:	
Duties: <i>(note: "See Resume" will not be accepted)</i>		

5. Company	Month Year	Month Year
	From:	To:
Address/Telephone:	Circle One Full-time Part-time Seasonal On-call	
Job Title:	Start Pay:	End Pay:
Supervisor:	Reason For Leaving:	
Duties: <i>(note: "See Resume" will not be accepted)</i>		

6. Company	Month Year	Month Year
	From:	To:
Address/Telephone:	Circle One Full-time Part-time Seasonal On-call	
Job Title:	Start Pay:	End Pay:
Supervisor:	Reason For Leaving:	
Duties: <i>(note: "See Resume" will not be accepted)</i>		

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 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