



# EMPLOYMENT APPLICATION

P O Box 988 or 150 North Willow Street Kenai, Alaska 99611

Phone (907) 335-7200 Fax (907) 335-7239

Preference shall be given to eligible qualified Alaska Native and American Indian applicants pursuant to P.L. 93-638 Indian Self Determination Act

## GENERAL INFORMATION

First Name	MI	Last Name	Position(s)		
Mailing Address	City	State	Zip	Contact Phone Number(s)	Email Address
<b>Preference</b> <i>Kenaitze Tribal Member</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Alaska Native/American Indian</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Veteran</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally eligible for employment in the United States Yes <input type="checkbox"/> No <i>Are you Over 18yrs old</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of citizenship or immigration status will be required upon employment)</i>					
Employment Desired		Salary Desired		Date Available	
<input type="checkbox"/> <i>Full Time</i> <input type="checkbox"/> <i>Part Time</i> <input type="checkbox"/> <i>Temporary</i> <input type="checkbox"/> <i>On-Call</i>					
Have you every worked for KIT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and what position?					
<i>If required for position</i> , do you have a valid Alaska driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you require SR22 insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Department of Motor Vehicles record check is a condition of employment; you are required to consent, including the submission of any necessary forms. Local, state, national, or other databases may be searched as part of the record check.					
<i>If you are a professional</i> requiring licensure, are you currently licensed in Alaska or nationally? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please attach a copy)</i>					

## EDUCATION

High School and /or College Name	City, State	Name of Degree	Years Attended

## EMPLOYMENT HISTORY Start with your present or last job. May attach resume if requested information is provided.

Employer	Job Title		
Address	Phone Number		
Supervisor	Start Date	End Date	Salary
Duties			
Reason for Leaving			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No    Your name while employed			

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**HEALTH**

Are you able to perform the essential duties of the position for which you have applied?  Yes  No If no, explain \_\_\_\_\_

**OTHER SKILLS**

List other skills, or any additional background you feel is pertinent to your application. Types of equipment or machines that you are qualified to operate: business machines, heavy equipment, specialized skills, typing wpm.

**REFERENCES** *please provide us with two (2) professional references if possible*

Name	Job Title
Company	Phone Number

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Company	Phone Number

**BACKGROUND INFORMATION** *if necessary use back of application*

Have you ever been found guilty of, or entered a plea of no contest or guilty to, any felonious or misdemeanor offense, under federal, state, or tribal law involving

- Medicaid, Medicare, any state health care program, including any offense related to the delivery of an item or service under one of these programs?
- crimes of violence, sexual assault, molestation, exploitation, contact, or prostitution, crimes against persons; or offenses committed against children?
- a controlled substance?
- any other felonious or misdemeanor offense?  Yes  No

*If yes*, provide an explanation of the violation, place of occurrence, date and disposition of the court proceeding, and the name and address of the police department or court involved. \_\_\_\_\_

Have you ever been arrested or charged with a crime involving a child?  Yes  No

*If yes*, provide the date, explanation of the violation, disposition or the arrests or charge, place of occurrence, and the name and the address of the police department or court involved. \_\_\_\_\_

A criminal history record check is a condition of employment, and you are required to consent, including the submission of any necessary fingerprints and forms. Local, state, national, or other databases may be searched as part of the background check.

**REFERRAL INFORMATION**

How did you hear about the Kenaitze Indian Tribe's vacancy?

KIT Website                       KIT Bulletin                       Anchorage Daily News

Peninsula Clarion                       Alaska Job Center                       Other:

**PLEASE READ CAREFULLY**

I consent to drug testing and alcohol testing as may be requested by a KIT representative under KIT Drug –free and Alcohol free Work Force Personnel Policy.

I understand that I may be required to work at other than my regular assignment as the needs of the Tribe require, and that my employment is subject to complying with rules, regulations, and conditions as established by the Tribal Council.

A false or dishonest answer to any questions on this application will be grounds for making you ineligible for employment with KIT or for dismissing you after employment. All statements on this application are subject to investigation including, among others, checks of wages/salaries, references, and former employers. All information will be considered in determining your eligibility for employment with KIT.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**KENAITZE INDIAN TRIBE  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I understand that my employment with Kenaitze Indian Tribe is contingent upon satisfactory results of an investigation of my past employment experience, education, credit history, criminal history, driving record, and other activities referred to in this application.

I, \_\_\_\_\_ voluntarily authorize Kenaitze Indian Tribe and/or its authorized agents to conduct such an investigation. Inquiries may be made about me including, but not limited to, previous employer verifications, education verifications, consumer credit reports, criminal convictions or history, motor vehicle reports, social security trace reports and other reports. I understand that Kenaitze Indian Tribe and/or its authorized agent(s) may be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal or civil cases, and other experiences, and I authorize disclosure of information involving me in the files of insurance companies.

I hereby authorize and release, without reservation, any party or agency contracted by Kenaitze Indian Tribe and their employees or assigns from any and all claims, actions, suits, agreements, or liabilities arising from the release of said information to Kenaitze Indian Tribe or any authorized agent thereof.

I further authorize Kenaitze Indian Tribe to reproduce this release to attach to reference requests.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date