## Petersburg Indian Association Employment Application

PO Box 1410, Petersburg, Alaska 99833 Phone: 907-772-3636 Fax: 907-772-3637 careers@piatribal.org

Position(s) Applying For:					
Applicant Information					
Name					
Address					
E-mail Address					
Phone #		Are you eligible to work in the U.S? Yes No			
Are you at least 18 years or older?					
Yes No (If no, you may be rec	quired to prov	ride authorization to work.)			
Have you ever been terminated from	ı employmen	t or asked to resign by an employer?			
Yes No If yes, please provide	c <mark>omp</mark> any nar	nes and details			
Can you work any shift?  Yes	No If no, exp	plain:			
Can you work overtime, including we	ekends?	Yes No			
Are you able to perform the essential reasonable accommodation?		f the job for which you are applying, with or without a			
How did you hear about this position Have you ever worked for Petersbur If so, when?	g Indian Asso				
enrollment card or certificate of enro Employment History	e preference Ilment.	? Yes* No to be granted. Please attach a copy of tribal ars begin with your present or most recent employer:			
Current or last Employer:					
Employer's Phone #:	A	Address:			
Job Title:					
Employment Date From:	To:	Reason for leaving:			

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Job Duties:				
Supervisor's Name:				
		olease explain:		
Employer:				
Employer's Phone #:	Addres	s:		
Job Title:				
Employment Date From:	To:	Reason for leaving:		
Job Duties:				
Supervisor's Name:				
May we contact this employer?	Yes No If No, p	please explain:		
Employer:				
Employer's Phone #:	Addres	S:		
Job Title:				
Employment Date From:	To:	Reason for leaving:		
Job Duties:				
Supervisor's Name:				
May we contact this employer?				
Employer's Phone #:	Addres	s:		
Job Title:				
Employment Date From:	To:	Reason for leaving:		
Job Duties:				
Supervisor's Name:				
May we contact this employer?				
Attach additional pages if necessary				

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•	no contest to, any criminal offense, including but not ral, state, or local law? A conviction may not be an		
References Please list 3 professional references			
Name:	_Company:		
Title:	Phone Number:		
Email:			
Name:			
Title:	Phone Number:		
Email:			
Name:	_Company:		
Title:	Phone Number:		
Email:			
Applicant Certification and Authorization By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I have not withheld any requested information. I authorize Petersburg Indian Association to contact the references I have listed for employment verification. I understand that any false or misleading information, or omission of material information, may result in the denial of employment or immediate dismissal.			
Signature:	Date:		

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