



**PETERSBURG INDIAN ASSOCIATION
EMPLOYMENT APPLICATION**



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APPLYING FOR (Office Use Only)

DATE RECEIVED (Office Use Only)

RECEIVED BY (Office Use Only)

APPLICANT INFORMATION				
Last Name:		First Name, MI:		Date:
Physical Address:			DOB:	
PO Box:			Apt/Unit #:	
City:		State & Zip:		Do you have a valid driver's license? ___ Yes ___ No
Phone:		E-mail Address:		
Date Available:	Are you Alaska Native or American Indian? ___ Yes ___ No		Desired Wage: \$	
Indicate availability to work: ___ Full Time ___ Part Time ___ Anytime				
Position Applying For:				
Are you a citizen of the United States? ___ Yes ___ No If no, are you authorized to work in the U.S? ___ Yes ___ No				
Have you ever worked for this company? ___ Yes ___ No If so, when?				
Have you ever been convicted of a felony? ___ Yes ___ No If yes, explain:				

EDUCATION			
HIGH SCHOOL	NAME AND LOCATION	YEAR GRADUATED	
COLLEGE	NAME AND LOCATION	YEAR GRADUATED	DEGREE

JOB SKILLS AND LICENCES HELD

TYPE	DATE ACHIEVED	EXPIRATION	LICENSING BOARD

REFERENCES (Please list three professional references)

Full Name:	Company and Title:
Business Number:	Home/Cell Number:
Full Name:	Company and Title:
Business Number:	Home/Cell Number:
Full Name:	Company and Title:
Business Number:	Home/Cell Number:

EMPLOYMENT HISTORY**Begin with your present or most recent employer:**

Company Name: _____ Employer's Phone #: _____
 Address: _____ City/State: _____ Zip: _____
 Job Title: _____ Employed from: _____ to _____
 Starting Wage: _____ Ending Wage: _____
 Supervisor's Name: _____
 Reason for leaving: _____
 May we contact this employer? Yes No If No, please explain: _____

 Company Name: _____ Employer's Phone #: _____
 Address: _____ City/State: _____ Zip: _____
 Job Title: _____ Employed from: _____ to _____
 Starting Wage: _____ Ending Wage: _____
 Supervisor's Name: _____
 Reason for leaving: _____
 May we contact this employer? Yes No If No, please explain: _____

 Company Name: _____ Employer's Phone #: _____
 Address: _____ City/State: _____ Zip: _____
 Job Title: _____ Employed from: _____ to _____
 Starting Wage: _____ Ending Wage: _____
 Supervisor's Name: _____
 Reason for leaving: _____
 May we contact this employer? Yes No If No, please explain: _____

 Company Name: _____ Employer's Phone #: _____
 Address: _____ City/State: _____ Zip: _____
 Job Title: _____ Employed from: _____ to _____
 Starting Wage: _____ Ending Wage: _____
 Supervisor's Name: _____
 Reason for leaving: _____
 May we contact this employer? Yes No If No, please explain: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____