



Position applying for _____

Date You Can Start _____

PERSONAL INFORMATION			
Full Name		Date of Birth	
Address		SSN #	
City, State, Zip		Driver's License # (if required for the job)	
Phone		Email	
Were you employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Have you been convicted of a felony in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			

EDUCATION BACKGROUND		
NAME OF SCHOOL	YEARS COMPLETED	DEGREE / DIPLOMA

EMPLOYMENT HISTORY					
Employer		Address			
Job Title		Dates from		to	
Supervisor		Starting Salary		per	<input type="checkbox"/> hr <input type="checkbox"/> year
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary		per	<input type="checkbox"/> hr <input type="checkbox"/> year

Employer		Address			
Job Title		Dates from		to	
Supervisor		Starting Salary		per	<input type="checkbox"/> hr <input type="checkbox"/> year
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary		per	<input type="checkbox"/> hr <input type="checkbox"/> year

Employer		Address			
Job Title		Dates from		to	
Supervisor		Starting Salary		per	<input type="checkbox"/> hr <input type="checkbox"/> year
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary		per	<input type="checkbox"/> hr <input type="checkbox"/> year



Chevak Traditional Council

P.O. Box 140 | 200 Aurora Street

Chevak, Alaska 99563

P 907-858-7428 | F 907-858-7812

info@chevaktc.gov | www.chevaktc.gov

EMPLOYMENT APPLICATION

List any information you would like us to consider	

List professional, trade, or business associations and any offices held. (exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or other protected status)	
ORGANIZATION	OFFICE HELD

REFERENCES		
NAME	PHONE	EMPLOYER

ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in an employment decision. I understand that this application is not a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

Signature

Date