



Orutsararmiut Native Council
Box 927, Bethel, Alaska 99559
Phone (907)543-2608 Fax (907)543-2639

APPLICATION FOR EMPLOYMENT

Position applying for: _____

Name: _____
Last First Middle Initial

Address: _____ Phone Number: _____
_____ Message Ph #: _____

Social Security No. _____

Are you, or have you ever been employed at ONC? If so give date(s) and title(s):

Are you willing to work: -Full-Time -Part-Time -Temporary

Date available to work: _____

Are you willing to travel? -Yes -No To Remote Areas- Continuous Travel-
Frequent Travel- Occasional Travel-

List relatives, by blood or marriage employed at ONC: _____

Are you currently employed? - No -Yes

If so may we contact your present employer? - No -Yes

Did you serve in the Military? - No -Yes

Do you have a valid Alaska driver's license? - No -Yes
(Only if driving is part of the job applied for.)

Have you been convicted of a felony? - No -Yes
(If pertinent to the position.)

EDUCATION HISTORY

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 + Diploma or GED

Name and address of High School: _____

List any High School courses that relate to the position you are applying for:

Do you have any Post-Secondary Education (vocational, technical, college: or university)? -No -Yes

If yes, please list name and address of school, dates of attendance, course of study, and degree or certificate earned

Do you speak or read a language other than English? -No -Yes

If Yes, please list each language and place an "X" in each column that applies to you:

Language(s)	Speak			Read			Write		
	Fluent	Good	Fair	Fluent	Good	Fair	Fluent	Good	Fair

Are you able to perform the essential function of the position you have applied for with or without accommodation? -No -Yes

ELECTRONIC OR MECHANICAL EQUIPMENT QUALIFICATIONS

Machines or equipment qualified to operate

Machines or equipment qualified to repair

Clerical and Office Skills: _____ Typing ___ wpm Shorthand ___ wpm

List three (3) references, names and addresses (not relatives or employers) who have knowledge of your character and ability:

I HEREBY CERTIFY THAT all information in connection with this application is true and complete to the best of my knowledge. I understand that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

By signing below, I am affirming the statements I have made in this application, plus any additional written or oral information I have provided (such as in resume' or interview) are true, and that I have not omitted anything about myself which might be important to the facility in consideration for employment on a basis prohibited by local, state, or federal law.

Signature

Date