

Received:
Accepted:
Rejected:

Employment Application

Council of Athabascan Tribal Governments is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

| PERSONAL INFORMATION | | | |
|---|---------------------------------|--------------------------|---|
| Name (First) | (Middle) | (Last) | Home Telephone Number () - |
| Home Address | (City) | (State) | (Zip) Business or MSG Phone Number () - |
| Are you authorized to work in | Yes | No | Social Security Number |
| The US on an unrestricted basis? | <input type="checkbox"/> | <input type="checkbox"/> | - - |
| Are you over age 18? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a valid driver's license? |
| Have you ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> | State/License # |
| If yes, please explain | Alaskan Native/American Indian? | | |

| EMPLOYMENT DESIRED | |
|--|--|
| Position you are applying for? | Full time or part time? |
| If part time, hours per week desired? | Are you available to work on weekends? |
| Hours you are able to work | Are available to work on –call? |
| Are you available to work nights? | Are you available to work over-time? |
| If hired, what date could you start? | Are you able to travel on business? |
| Hourly rate of pay or monthly salary desired | Have you ever worked for CATG? If yes, when? |
| Position desired | |
| Are you willing to relocate? | Are you employed now? |
| Who referred you to us? | If so, may we contact your employer? |

| EDUCATION | | | | | |
|-----------------|-------------------------|-----------------|-----------------------|------------------|----------------|
| School | Name/Location of School | Course of Study | No. of Yrs. Completed | Did you Graduate | Degree/Diploma |
| High School/GED | | | | | |
| College/Trade | | | | | |
| Post Graduate | | | | | |
| Other | | | | | |

| | | | | | | | | |
|---|-----|--|-----|--|-------|--|----|--|
| Are you planning to pursue other studies? | YES | | DAY | | NIGHT | | NO | |
|---|-----|--|-----|--|-------|--|----|--|

If so, where and what course of study?

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| QUALIFICATIONS | | | | |
|---|--------------------------|--------------|--------------------|------------|
| Machine & Other | Type of Equipment | Proficiently | Somewhat | Not at all |
| Personal Computer | | | | |
| Typewriter | | | | |
| Dictating/Transcribing | | | | |
| Software | | | | |
| SPECIAL SKILLS | | | | |
| Do you speak, write or understand any foreign languages? If yes, which language(s)? | | | | |
| Do you have any experience, training qualifications or skills which you feel make you especially suited for work at | | | | |
| CATG? | If so, explain in detail | | | |
| Use the space below to summarize other experience, skills, and background | | | | |
| EMPLOYMENT HISTORY | | | | |
| Company Name | | | Specific Duties | |
| Street Address | | | | |
| City & State | | | | |
| Job Title | | | Reason for leaving | |
| Supervisor | | | | |
| Dates Employed (From) (To) (Salary) | | | | |
| Company Name | | | Specific Duties | |
| Street Address | | | | |
| City & State | | | | |
| Job Title | | | Reason for leaving | |
| Supervisor | | | | |
| Dates Employed (From) (To) (Salary) | | | | |
| Company Name | | | Specific Duties | |
| Street Address | | | | |
| City & State | | | | |
| Job Title | | | Reason for leaving | |
| Supervisor | | | | |
| Dates Employed (From) (To) (Salary) | | | | |
| Company Name | | | Specific Duties | |
| Street Address | | | | |
| City & State | | | | |
| Job Title | | | Reason for leaving | |
| Supervisor | | | | |
| Dates Employed (From) (To) (Salary) | | | | |
| If you need additional space, please attach a separate sheet | | | | |

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| REFERENCES | | | |
|--|---------|----------|--------------|
| Name | Address | Business | Phone Number |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| EMPLOYMENT LIMITATIONS | | | |
| Can you perform the essential functions of the job with or without reasonable accommodation? | | | No |
| Yes | | | |
| PLEASE READ BEFORE SIGNING | | | |
| <p>I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would contradict the facts, disclosed on this application.</p> <p>I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this company shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions, or answers made by me on this application. If I am employed with this company, I will comply with all rules and regulations as set forth in any communication distributed to employees.</p> <p>If hired, I also agree to submit to Alcohol and Drug Testing as a condition of employment. I agree that CATG may conduct alcohol and drug testing at its sole discretion with or without notice. I also understand that refusal to submit to alcohol and drug test will be considered a voluntary resignation of employment. As a Federal contractor, CATG is required to show compliance with the Drug Free Workplace Act of 1988. CATG has initiated and maintains a Drug and Alcohol Testing Policy, which includes pre-employment and random, anonymous testing thereafter.</p> <p>If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Alaska drivers license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by CATG auto insurance, if required for my position.</p> <p>Under the authority of P.L. 93-638, Indian preference will be given to that applicant(s) who meet the minimum qualifications.</p> <p>In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents, which have been supplied with this application.</p> <p>I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice by the company or me.</p> <p>My signature below certifies that I have read and understand and agree to the above statements.</p> | | | |
| Signature | | Date | |