## Council of Athabascan Tribal Governments

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.

working conditions.								
PERSONAL INFORMATION								
Name (First) (Middle) (Last)			Hor	Home Telephone Number				
				(	) -			
Mailing Address (C	City) (State)	(Zip)		Bus	iness or MSG	Phone Numb	er	
				(	) -			
Are you authorized to work in Yes No				Soc	Social Security Number			
The US on an unrestricted basis?								
Are you over age 18?			Do	Do you have a valid driver's license?				
Have you ever been convicted of a felony?				Stat	State/License #			
If yes, please explain  Alaskan Native/American Indian?					an?			
	E	MPLOYN	MENT 1	DESIR	ED			
Position you are applying for?			Full	Full time or part time?				
If part time, hours per week desired?				Are	Are you available to work on weekends?			
Hours you are able to	work			Are	Are available to work on –call?			
Are you available to work nights?				Are	Are you available to work over-time?			
If hired, what date could you start?				Are	Are you able to travel on business?			
Hourly rate of pay or monthly salary desired			Hav	Have you ever worked for CATG? If yes, when?				
Position desired								
Are you willing to relocate?				Are	Are you employed now?			
Who referred you to us?				If so	If so, may we contact your employer?			
EDUCATION								
				urse of	No. of Yrs.	Did you		
School	Name/Location	of School		tudy	Completed	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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			r	rejecteu.				
		QUALIFICAT	IONS					
Machine & Other	Type of Equipment	Proficiently	Somewhat	Not at all				
Personal Computer								
Dictating/Transcribing								
Software								
Other								
SPECIAL SKILLS								
Do you speak, write or understand any foreign languages? If yes, which language(s)?								
Do you have any experie		ications or skills which	you feel make you espec	cially suited for work at				
	o, explain in detail							
Use the space below to si	ummarize other exp	perience, skills, and bac	ekground					
EMPLOYMENT HISTORY – BEGIN WITH THE MOST RECENT								
Company Name			Specific Duties					
Street Address								
City & State								
Job Title			Reason for leaving	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 ne	ed additional space, please a	ttach a separate sheet					

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	<b>EMPLOY</b>	MENT REFERENCES	$\mathbf{S}$					
Name	Address	Business	Phone N	Phone Number				
1.								
2.								
3.								
	EMPLOY	MENT LIMITATIONS	S					
Can you perform the essent	ial functions of the job	with or without reasonable acc	commodation?	No				
Yes								
	PLEASE R	EAD BEFORE SIGNIN	NG	<u>                                     </u>	l l			
PLEASE READ BEFORE SIGNING  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.  I authorize my previous employers, schools or persons named as references to give any information regarding my 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.  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 or 1988. CATG has initiated and maintains a Drug and Alcohol Testing Policy, which includes pre-employment and random, anonymous testing thereafter.  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.  Under the authority of P.L. 93-638, Indian preference will be given to that applicant(s) who meet the minimum qualifications.								
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.								
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.								
My signature below certifies that I have read and understand and agree to the above statements.								
Signature			Date					