Application for Employment

Arctic Slope Native Association, Ltd Human Resource Department P.O. Box 1232 * Barrow, Alaska 99723 907.852.9257 * FAX 907.852.6217

Date of Application					
Position(s) Applying For					
Name					
Last	First		Mide	lle	Preferred Name
Mailing Address		City		State	e Zip
Home Phone	Message Phon	ne	E-mail		
Social Security Number		Dri	vers License N	Number	State
Have you ever worked or atter				☐ Yes ☐ No	
If yes, by what name/s:					
☐ I am legal to work in the U	nited States.			☐ I an	n 18 years of age or older.
Are you available to work?	☐ Full-Ti	me 📮	Part-Time	On Shifts	S • Overtime
Will you accept temporary	work?	☐ Yes	□ No		
Will you travel if work requires it? ☐ Yes ☐ No					
Have you filed an application	Have you filed an application here before? ☐ Yes When?				
Have you been employed here before? ☐ Yes When?					
Are you Alaskan Native/American Indian? Yes No					
Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No If yes, please explain:					
Arctic Slope Native Association employment practices applicabl		ights in Na	tive hire prefer	rences, contractin	g, and subcontracting and
	ocal Posting Iagazine/Journal		☐ Internet☐ Job Board☐		Friend/Relative Other

Arctic Slope Native Association is committed to maintaining a drug free, smoke free workplace.

Employment Experience List each job held. Start with your present or last job. Include military service assignments and volunteer activities. Employer ______ Dates of Employment ______ Address Phone

Address	Phone	
Job Title	D (1	
Supervisor		
Work Performed		
Employer	Dates of Employment	
Address	Phone	
Job Title	D	
Supervisor	Salary	
Work Performed		
Employer	Dates of Employment	
Address	Phone	
Job Title		
Supervisor	Salary	
Work Performed		
Employer	Dates of Employment	
Address	D1	
Job Title		
Supervisor	Salary	
Work Performed		
Employer		
Address		
Job Title		
Supervisor	Salary	
Work Performed		

Education and Training

Circle last level of education completed

High School 1 2 3 4 GED □ College or University 1 2 3 4 Graduate School 1 2 3 4

	Name & Location	GPA	Major & Mi	nor	Degree Earned
High School					
University					
Graduate					
Vocational					
Certificates					
Certificates					
Office Skills	☐ Typing ☐ Sight ☐	Touch WPM	□ Ter	ı Key 🔲	Sight Touch
Medical	☐ CPR ☐ First Aid	□ BLS □ ACLS	☐ TNCC	□ PALS □	■ ENPC
Other	☐ HazComm ☐ HazM	at Specify Other			
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Describe spec	cialized training, apprentic	esnips skills, and il	censes/certif	cates neia.	
	e (other than English)	Languago		Languago	
Speak Inup	uent 🛘 Fair 🖨 Poor	Language: ☐ Fluent ☐ Fair ☐	Poor	Language:	I Fair □ Poor
_* .	uent 🗖 Fair 🗖 Poor	☐ Fluent ☐ Fair ☐			I Fair □ Poor
	uent 🗆 Fair 🖵 Poor	☐ Fluent ☐ Fair ☐			I Fair □ Poor
Computor	21:411.				
Computer S		□ RPMS □ Fu	ndWare □	Access	
		u Krivis u ru	navvare u	Access	
Specify software	e skills				
Summarize s	pecial skills and qualificati	ons acquired from	employment	or other exp	perience

Release of Information I certify that the answers giving herein are true and complete to the best of my knowledge. I hereby allow Arctic Slope Native Association, Ltd. (ASNA) the right to contact and investigate former and current employers, and all other pertinent parties, including, but not limited to educational institutions where I enrolled, to fully investigate my background. I understand that as part of the interview process, ASNA requires all applicants to disclose pert data concerning previous work history, military records, educational and volunteer activities. I authorize ASNA to use any and all information required to make decisions regarding my employment, which may be disclosed to third parties. I understand and agree that if any material facts are discovered which differ from those facts staby me on my employment application, at my interview, or at any time prior to my commencing employment with ASNA, I will not be offered the job. Furthermore, I understand and agree that material facts are later discovered which are inconsistent with or differ from the facts I furnished before taking the job, I may be disciplined, up to and including immediate discharge. I hereby indemnify, release and forever discharge and hold ASNA and its subsidiaries and affilia companies, agents and employees, as well as all third parties supplying such information, harm from any and all claims, demands, judgments and legal fees arising out of or in connection with investigation, the results, or any lawful use of the results or disclosures thereto. I understand, if selected, I will undergo a thorough background screening and may be subject to testing. I understand all employment and compensation with ASNA is "at-will" which means that employment can be terminated with or without cause, and with or without notice, at any time a option of either ASNA or the employee, except as otherwise provided by law.	References	Dhama	F	D.L.C. a.L.
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	employment can be terminated w	ith or without caus	e, and with or without	notice, at any time at the
Print Name	Print Name			

Date

Signature of Applicant