

# Application for Employment

Arctic Slope Native Association, Ltd.

Human Resource Department  
P.O. Box 29 | Barrow, Alaska 99723  
907.852.9204 | FAX 907.852.6217



Date of Application \_\_\_\_\_

Position(s) Applying For \_\_\_\_\_

Name _____			
Last	First	Middle	Preferred Name
Mailing Address _____		City _____	State _____ Zip _____
Home Phone _____	Message Phone _____	E-mail _____	
Have you ever worked or attended school under another name? If <input type="checkbox"/> Yes <input type="checkbox"/> No			
yes, by what name/s: _____			

I am legal to work in the United States.

I am 18 years of age or older.

Are you available to work?  Full-Time Will  Part-Time  On Shifts  Overtime

Will you accept temporary work? Yes  No

Will you travel if work requires it? Yes  No

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, Ltd. exercises the rights in Native hire preferences, contracting, and subcontracting and employment practices applicable by law.*

Referral Source:	<input type="checkbox"/> Local Posting	<input type="checkbox"/> Internet	<input type="checkbox"/> Friend/Relative
	<input type="checkbox"/> Magazine/Journal Ad	<input type="checkbox"/> Job Board	<input type="checkbox"/> Other

**Arctic Slope Native Association, Ltd. 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	_____
Job Title	_____	Reason for leaving	_____
Supervisor Work	_____	Salary	_____
Performed	_____		

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Employer	_____	Dates of Employment	_____
Address	_____	Phone	_____
Job Title	_____	Reason for leaving	_____
Supervisor Work	_____	Salary	_____
Performed	_____		

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Supervisor Work	_____	Salary	_____
Performed	_____		

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**If you need additional space, please continue on a separate sheet of paper or attach a resume/CV.**

## 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 & Minor	Degree Earned
High School				
University				
Graduate				
Vocational				
Certificates				

Office Skills     Typing     Sight     Touch    WPM \_\_\_\_\_     Ten Key     Sight     Touch  
 Medical         CPR         First Aid     BLS         ACLS     TNCC         PALS         ENPC  
 Other             HazMat     HazComm    Specify Other \_\_\_\_\_

Describe specialized training, apprenticeships skills, and licenses/certificates held.

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## Language Skills

Specify language (other than English)

	<b>Inupiaq</b>	Language:	Language:
Speak	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Read	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Write	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor

## Computer Skills

PC     Mac     Word     Excel     RPMS     FundWare     Access

Specify software skills \_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience

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**Professional References**

Name	Phone	E-mail	Relationship
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**Release of Information**

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**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 my 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 pertinent 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 stated by 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 if 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 affiliated companies, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this 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 drug 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 at the option of either ASNA or the employee, except as otherwise provided by law.

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Print Name

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Signature of Applicant

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Date