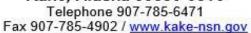


Organized Village of Kake P.O. Box 316 Kake, Alaska 99830-0316





(Federally Recognized Tribal Government serving the Kake, Alaska area)

	A	PPLICATION FOR E	EMPLOYMENT		
PERSONAL INFORM	MATION		DATE:		
Applicant Name:	Last	First	Mid	Middle	
Mailing Address:	P.O. Box	City	State	Zip Code	
Resident/Permanent Address:		·			
	Street or P.O. Box	City	State	Zip Code	
Telephone Number:	()	Message: ()		
U.S. Citizen: Yes	No [] Alaska Native or An	nerican Indian:		
EMPLOYMENT DES	SIRED		Tribai attiliauc	on/ name of tribe enrolled in	
Position:		Date can	start: Sala	ary desired:	
Are you currently empl	oyed:	If employed	d, may we inquire w/current em	ployer:	
Have you applied with	OVK before:	If so, when	:		
[] Yes	Do you have a valid Alaska l Have you ever been convicte		If yes, # Exp If yes, explain:		
[] Yes [] No	Are you currently on probat:	•	If yes, name of parole/probati		
FORMER EMPLOYE	CRS (list below last three employ	vers, starting with last of	one first)		
Employer's Name:		Start date:	End date:	•	
T 1 2.1			Reason for leaving: Duties:		
Employer's Name:		Start date:	End date:	Salary:	
T 1 221			Reason for leaving: Duties:		
Employer's Name:		Start date:	End date:	Salary:	
Address:			Reason for leaving:	<u> </u>	
ob title:			Duties:		
SKILLS & ABILITIES					
List any Computer Soft	tware Program you can operate:				
•		•			
List any Volunteer wor	k you may have done/currently	performing:			

			_ No:		Expiration:		
EDUCATION							
Circle Highest Grade	Completed:	6 7	8 9 10 11 12 13	3 14 15 16	17+		
[] High School Graduate OR [] G.E.D.			Where:	Where:		When:	
Please list all Vocation	nal Schools and	/or Colleges you've	attended: [] Vocation	nal Training	[] College		
Name of School:		Mon	Month/Year:/		Type of Degree/Certificate:		
Name of School:		Mon	Month/Year:/		Type of Degree/Certificate:		
Name of School:		Mon	Month/Year:/		Type of Degree/Certificate:		
REFERENCES (Giv	ve below the nar	mes of three persons	NOT related to you w	hom you have	e known at least one yea	ar we can contact)	
Name Address			Telephone		Personal or Business # of Years acquainted		
EMERGENCY INF	ORMATION						
Name of person to no	otify in case of	emergency			Relationship	,	
Address					Phone numb	per	
_	my knowledge.	I authorize previou	s employers and refere		mation shown on this a furnish the Organized V		
					lless of the date of payn sentation or omission o		
Drug Testing: The Ottesting.	rganized Village	e of Kake is a drug-fr	ee work place. All em	ployees must p	oass pre-employment ar	nd other mandatory drug	
Applicant's Signature				D	ate		
		THIS SECTION	FOR ADMINISTRAT	TIVE USE ON	NLY		
Interviewed by:							
Neatness			Ability:				
Hired [] yes [] ı							
Will report							
Emp	loyment Adm	inistrator	(-)	OVK Council			