

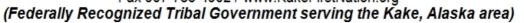
Organized Village of Kake

P.O. Box 316

Kake, Alaska 99830-0316

Telephone 907-785-6471





APPLICATION FOR EMPLOYMENT DATE: PERSONAL INFORMATION Applicant Name: Middle Last First Mailing Address: Zip Code P.O. Box City State Resident/Permanent Address: Street or P.O. Box City State Zip Code Message: (Telephone Number: () U.S. Citizen: __ Yes No Alaska Native or American Indian: Tribal affiliation/ name of tribe enrolled in EMPLOYMENT DESIRED Salary desired: Position: Date can start: If employed, may we inquire w/current employer: Are you currently employed: _____ If so, when: ____ Have you applied with OVK before: If yes, # _____ Exp. Date: _____ [] Yes [] No Do vou have a valid Alaska Driver's License? If yes, explain: _____ Have you ever been convicted of a felony?] Yes [] No If yes, name of parole/probation officer: [] Yes [] No Are you currently on probation or parole? FORMER EMPLOYERS (list below last three employers, starting with last one first) Employer's Name: _____ Start date: _____ End date: ____ Salary: ____ Reason for leaving: Address: Job title: Duties: Employer's Name: Start date: _____ End date: ____ Salary: ____ Reason for leaving: Address: Job title: Duties: Employer's Name: Start date: End date: _____ Salary: ____ Address: Reason for leaving: Job title: Duties: SKILLS & ABILITIES List any Computer Software Program you can operate: ____ List any machinery, tools, equipment, etc., you can operate/repair: List skills relating to the job applying for:

****PLEASE ATTACH A COPY OF YOUR RESUME IF IT IS AVAILABLE****

List any Volunteer work you may have done/currently performing:

					Expiration:		
EDUCATION							
	de Completed:	6. 7	8 9 10 11 12 13	14 15 16 17+			
Circle Highest Grade Completed: [] High School Graduate OR							
		. ,					
			attended: [] Vocation		[] College		
Name of School:		Mor	nth/Year:/	Type of De			
Name of School:		Mor	nth/Year:/	Type of De	Type of Degree/Certificate:		
Name of School:		Mor	nth/Year:/	Type of De	Type of Degree/Certificate:		
REFERENCES (G	live below the na	mes of three persons	NOT related to you wh	nom you have known a	t least one ye	ear we can contact)	
Name Address			Telephone	Personal o	r Business	# of Years acquainted	
EMERGENCY IN	FORMATION						
Name of person to	notify in case of	emergency			Relationship	p	
Address					Phone num	hor	
correct to the best of	of my knowledge		is application. I certify as employers and referentifications.				
	niated at any tim		for no definite period an us notice. I understand	, 0		, 0	
Drug Testing: The testing.	Organized Villag	e of Kake is a drug-f	ree work place. All emp	oloyees must pass pre-e	mployment a	and other mandatory drug	
Applicant's Signatur	re			Date			
Data application no	asimod.		FOR ADMINISTRAT				
				n reviewed:			
Neatness			Ability:				
Hired [] yes [•			
			(2)	s:			
		inistrator	0	VK Council			