



Organized Village of Kake

P.O. Box 316

Kake, Alaska 99830-0316

Telephone 907-785-6471

Fax 907-785-4902 / www.KakeFirstNation.org

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



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

Applicant Name:

Last First 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 American Indian: _____

Tribal affiliation/ name of tribe enrolled in

EMPLOYMENT DESIRED

Position: _____

Date can start: _____

Salary desired: _____

Are you currently employed: _____

If employed, may we inquire w/current employer: _____

Have you applied with OVK before: _____

If so, when: _____

☐ Yes ☐ No

Do you have a valid Alaska Driver's License?

If yes, # _____ Exp. Date: _____

☐ Yes ☐ No

Have you ever been convicted of a felony?

If yes, explain: _____

☐ Yes ☐ No

Are you currently on probation or parole?

If yes, name of parole/probation officer: _____

FORMER EMPLOYERS (list below last three employers, starting with last one first)

Employer's Name: _____

Start date: _____ End date: _____ Salary: _____

Address: _____

Reason for leaving: _____

Job title: _____

Duties: _____

Employer's Name: _____

Start date: _____ End date: _____ Salary: _____

Address: _____

Reason for leaving: _____

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: _____

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

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

LICENSES & CERTIFICATIONS

No: _____
No: _____
No: _____

Expiration: _____
Expiration: _____
Expiration: _____

EDUCATION

Circle Highest Grade Completed: 6 7 8 9 10 11 12 13 14 15 16 17+

[] High School Graduate OR [] G.E.D. Where: _____ When: _____

Please list all Vocational Schools and/or Colleges you've attended: [] Vocational Training [] College

Name of School: _____ Month/Year: ____/____ Type of Degree/Certificate: _____

Name of School: _____ Month/Year: ____/____ Type of Degree/Certificate: _____

Name of School: _____ Month/Year: ____/____ Type of Degree/Certificate: _____

REFERENCES (Give below the names of three persons NOT related to you whom you have known at least one year we can contact)

Name	Address	Telephone	Personal or Business	# of Years acquainted

EMERGENCY INFORMATION

Name of person to notify in case of emergency

Relationship

Address

Phone number

I authorize investigation of all statements contained in this application. I certify that the information shown on this application is true and correct to the best of my knowledge. I authorize previous employers and references listed to furnish the Organized Village of Kake such information as it considers necessary to evaluate my qualifications.

Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Drug Testing: The Organized Village of Kake is a drug-free work place. All employees must pass pre-employment and other mandatory drug testing.

Applicant's Signature

Date

THIS SECTION FOR ADMINISTRATIVE USE ONLY

Date application received: _____ Date application reviewed: _____

Interviewed by: _____

Remarks: _____

Neatness _____ Ability: _____

Hired [] yes [] no Position: _____ Dept: _____

Will report _____ Salary Wages: _____

Approved: (1) _____ (2) _____

Employment Administrator

OVK Council

