



Craig Tribal Association
P.O. Box 828
Craig, Alaska 99921
Tel: 907-826-3996
Fax: 907-826-3997

Application for Employment

Available: Full Time ___ Part Time ___ Temporary ___ **Position Applying For:** _____

Full Name: _____

Address: _____ **Phone Number:** _____

Driver's License # _____ **State:** _____ **Exp Date:** _____

What shifts can you work? **Days** ___ **Evening** ___ **Weekends** ___ **Available start date:** _____

Are you currently working for CTA? **Yes** ___ **No** ___

Have you ever worked for CTA? **Yes** ___ **No** ___

Do you have relatives employed with CTA? **Yes** ___ **No** ___

If yes, tell us their name, relationship and Job Title. (There are some restrictions with employing relatives that are considered case by case to avoid conflicts of interest)

Are you able to perform the essential functions associated with the position being applied for with or without accommodations? **Yes** ___ **No** ___

Have you been convicted of a felony or served time in prison in the last 7 years? **Yes** ___ **No** ___

If yes, explain each conviction on an attached sheet and include the date, charge, place and action taken. (Craig Tribal Association is mindful of its obligation to employ qualified public servants and is entitlement under law to consider an applicant's conviction record as it relates to job performance (Craig Tribal Association is prohibited under law from discriminating solely on the basis of convictions. Note: a conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job.)

Are you presently using illegal drugs? **Yes** ___ **No** ___

(Craig Tribal Association has a Drug an Alcohol Policy which requires pre- employment Drug Screening.)

Are you a United States Citizen or eligible for legal employment in the United States? **Yes** ___ **No** ___

(If employed, proof of identity, citizenship, or legal right to work in the U.S. will be required.)

Have you ever been disciplined or discharged for any reason for any of the following?

- 1. Failure to give notice when absent tardiness? **Yes** ___ **No** ___
- 2. Insubordination, rudeness or inappropriate behavior towards customers or co-workers? **Yes** ___ **No** ___
- 3. Safety violations of any kind? **Yes** ___ **No** ___
- 4. Fighting, assault or related offences? **Yes** ___ **No** ___

If yes, to any above questions explain: _____

Veterans Preference

(Per RCW 41.04.010, certain Veterans are eligible for Veterans Preference)

Do you qualify for this preference? **Yes** ___ **No** ___

Do you wish to claim preference for this application? **Yes** ___ **No** ___

Have you obtained employment in Alaska using the Veterans Preference? **Yes** ___ **No** ___

(Please attach proof of eligibility to claim the preference, including dates of military service)

Employment History

Please start with your present or last position.

1.Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Employed from:** _____ **to** _____

Job Title: _____ **Salary:** _____ **Supervisor:** _____

Job duties _____

Reason for Leaving: _____

May we contact this employer? Yes ___ **No** ___

2.Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Employed from:** _____ **to** _____

Job Title: _____ **Salary:** _____ **Supervisor:** _____

Job duties: _____

Reason for Leaving: _____

May we contact this employer? Yes ___ **No** ___

3. Employer: _____

Address: _____ **Phone:** _____

Type of business: _____ **Employed from:** _____ **to** _____

Job Title: _____ **Salary:** _____ **Supervisor:** _____

Job duties: _____

Reason for Leaving: _____

May we contact this employer? **Yes** ___ **No** ___

References

List three persons who are not relatives or former employers who have knowledge of your character and abilities:

1. Name: _____ **Phone:** _____

2. Name: _____ **Phone:** _____

3. Name: _____ **Phone:** _____

Summary

Summarize those achievements and experiences which you consider to be important in terms of your qualifications for this work.



I certify that the answers _____ given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements in this application for my employment as may be necessary in arriving to my employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Craig Tribal Association.

Signature of applicant: _____ Date: _____

CRAIG TRIBAL ASSOCIATION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, CREED, MARITAL STATUS, DISABLED VETERAN, VIETNAM-ERA VETERAN OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICE.

Craig Tribal Association is an Equal Opportunity Employer



INFORMATION FOR FEDERAL AND STATE REPORTING

It is the policy of Craig Tribal Association to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex age, marital status, disability, disabled veteran or Vietnam-era veteran. To help us comply with governmental record keeping, reporting, and other legal requirements, please complete the affirmative action data below. Your voluntary cooperation in completing all the sections below is appreciated. The completed form will be filed separately from your application material. Only authorized personnel will have access to this information for legitimate purposes.

1. What ethnicity do you consider yourself to be?

- Caucasian/White ((not Hispanic origin)-those having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black/African American (not of Hispanic origin)- those having origins in any of the original groups of Africa.
- Hispanic those of Cuban, Mexican, Puerto Rican, Central or south American or other Spanish culture or origin regardless of race.
- Asian or Pacific Islanders -those having origins in any of the original peoples of the Far East, South Asia, Indian Subcontinent or the Pacific Islands.
- American Indian or Alaska Native - those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

2. Gender? Female Male Other Prefer not to disclose

3. Are you 40 years of age or older? Yes ____ No ____

4. Military Status? (Please check all that apply)

- | | |
|------------------------------------|---|
| _____ Non-Veteran | _____ Spouse of deceased Veteran |
| _____ Vietnam Era Veteran | _____ Disabled Vietnam Era Veteran |
| _____ Veteran (Other than Vietnam) | _____ Disabled Veteran (other than Vietnam) |



5. **Disability** (Please check all that apply)

_____ Not Disabled

_____ Visual

_____ Hearing

_____ Mental/Psychological

_____ Ambulatory/Mobility

_____ Multiple Disability

_____ Other

For affirmative action purposes, people with disabilities are persons with a permanent, physical, mental or sensory impairment which substantially limits one or more major life activities. Physical, mental or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic, disfigurement, or anatomical loss affection one or more of the body, systems or function; or (b) any mental or psychological disorders such as mental retardation's, organic brain syndrome, emotional or mental illness or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Craig Tribal Association is an Equal Opportunity Employer



CRAIG TRIBAL

ASSOCIATION

Authorization to Release Information

As an applicant for a position with the Craig Tribal Association, I hereby authorize any employers or supervisor's educational institutions, personal references and/or other persons to release information about my work and educational history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

You may release or verify the following items:

_____ Any Information Requested

_____ Past Employers

_____ Salary History

_____ Dates of Employment

_____ Positions Held

_____ Duties and Responsibilities

_____ Performance Level

_____ Reasons for leaving

_____ Eligibility for Rehire

Educational Institutions

_____ Years of Attendance

_____ Degree(s)

_____ Attained Grade Point Average

_____ Transcript

Signature: _____ **Date:** _____

(ROI expires 6 months from date of signature)