



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

APPLICATION FOR EMPLOYMENT

General Information	Available:	F/T	P/T	Temp.
Department	Division/Section			
Name	Position Applied For			
Address				
Phone	DL#	State	Exp. Date	

(Needed if position you're applying for requires a valid Alaska State Drivers license)

What shifts can you work Days Evenings Weekends Date Available

Are you currently working for CTA? Yes No

Have you ever worked for CTA? Yes No

Do you have an relatives employed by CTA? Yes No

If yes, indicate (name, relationship, department): (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

Are you able to perform the essential functions associated with the position applied for with or without accommodation? Yes No

Have you ever been convicted of a felony or served time in prison during the last seven (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 it 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 safely 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

Please Note: Craig Tribal Association has a Drug and alcohol Policy which may require drug screening prior to employment.

Are you a States citizen or otherwise eligible for legal employment in the United States? Yes No

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

Have you ever been disciplined or discharged for any of the following? Yes No

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 violation of any kind? Yes No
4. Fighting, assault or related offenses? Yes No

If yes, Explain:

Reason for leaving?

May we contact this employer? Yes No

Employer

Phone

Address

Kind of business

Employed from

To

Title

Salary

Supervisor

No of employees supervised

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.
- 2.
- 3.

SUMMARY

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

CERTIFICATION

I certify that answers given herein are true and complete to the best of my knowledge.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an 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 DOESNOT 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 SERVICES

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? Male Female

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)

Date of Discharge?

Disabled Veteran- Anyone entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam Era Veteran - Anyone who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1961 and May 7, 1975 and was discharged or released from duty with other than a dishonorable discharge.

5. Disability (Please check all that apply)?

Not Disabled

Hearing

Ambulatory/Mobility

Other

Visual

Mental/Psychological

Multiple Disability

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 re0placement, therapy or surgical means.

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CRAIG TRIBAL ASSOCIATION

Authorization to Release Information

As an applicant for a position with the Craig Tribal Association, I hereby authorize any employers or supervisors 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

Printed Name

Social Security #:

Release Exp Date