



Salamatof Native Assoc. Inc.

P.O. Box 2682
Kenai, AK 99611
(907) 283-7864

POSITION APPLYING FOR: _____

EMPLOYMENT APPLICATION

EMPLOYEE INFORMATION

Name: _____

Last

First

Middle

Telephone: _____ Email: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Are you able to perform the essential functions of the position with or without accommodations? Yes No

If necessary for the job, I am able to: Work overtime? _____

Provide a valid Alaska Driver's License? Yes No

If necessary for the job are you older than:

If so, fill out the following: Issue state: _____

14 15 16 (check one)

Type: _____

18 19 21

Endorsement(s): _____

I will be able to report to work _____ days after being notified I am hired.

EMPLOYMENT HISTORY

List recent employment first. Include summer or temporary jobs. No more than 10 years history recommended.

Employer Name and address: _____

Position title/duties, skills: _____

Start date: _____ End date: _____ Pay: \$ _____ Supervisor: _____

Reason for leaving: _____

Employer Name and address: _____

Position title/duties, skills: _____

Start date: _____ End date: _____ Pay: \$ _____ Supervisor: _____

Reason for leaving: _____

EDUCATION

	Institution Name	Years	Field of Study	Graduate or Degree
High School				
College/University				
Business/Technical				
Additional				

MILITARY

Are you a veteran? Yes No

Duty/Specialized training: _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered; professional licenses, certifications or registrations; additional skills, including supervision skills, other languages or information regarding the career/occupation: _____

REFERENCES

List two personal references:

Name	Address	Telephone	Occupation	Years known
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_____	_____	_____	_____	_____
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CONTACT

In case of accident or illness, please contact: Name: _____ Phone: _____

Address _____ Relationship: _____

INFORMATION TO THE APPLICANT

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature of Applicant _____

Date _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.



Keep Our

Workplace Safe!

Practice Good Hygiene

- Stop hand shakes and use noncontact greeting methods
- Wash your hands using soap and water
- Use an alcohol-based hand sanitizer
- Disinfect Surfaces and regularly touched objects
- Avoid Touching Your Face
- Cover your cough or sneeze with a tissue or the bend of your elbow

Stay Home If...

- You are feeling sick
- You have a sick family member at home

Signs & Symptoms

- Fever
- Cough
- Hard to breath

