



## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_ Position(s) Applying for: \_\_\_\_\_

To receive consideration, all information must be submitted.  
If submitting a resume, ensure that all requested employment history is included.

In accordance with Public Law 93-638, the Native Village of Barrow exercises the rights in Native hire preferences, contracting, and employment practices applicable.

### Applicant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married Phone: \_\_\_\_\_

Are you known by any other name(s)?  Yes  No Name(s): \_\_\_\_\_

Do you possess a valid Driver's License?  Yes  No

If yes, license number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

I am legal to work in the United States?  Yes  No

I am 18 years of age or older?  Yes  No

Are you a Tribal Member?  Yes  No Alaska Native/American Indian?  Yes  No

Have you ever been convicted of a felony and/or misdemeanor?  Yes  No

If yes: Date: \_\_\_\_\_ Conviction: \_\_\_\_\_

Date: \_\_\_\_\_ Conviction: \_\_\_\_\_

### Emergency Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

I have received a copy of the applicable Job Description.  Yes  No

Resume attached?  Yes  No

\_\_\_\_\_  
Signature of Applicant

I certify that answers given herein and any attachment(s) submitted are true and completed to the best of my knowledge.

I authorize Native Village of Barrow to make any necessary background inquiries.

In the event of employment, I understand that false or misleading information may result in discharge.



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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

**Education and Training:**

Indicate the last level of education completed.

High School:  9  10  11  12      GED:  Yes  No      Vocational:  Yes  No

University:  1  2  3  4      Graduate:  1  2  3  4

	Name	Location	Degree Earned
High School	_____	_____	
University	_____	_____	_____
Graduate	_____	_____	_____
Vocational	_____	_____	_____
Certificates	_____	_____	_____

1<sup>st</sup> Aid/CPR    HAZWOPER    PMP    OSHA 10-Hour Construction

**Language Skills:**

	Iñupiaq			Language: _____			Language: _____		
Speak	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Read	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Write	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

**Professional References (refrain from using immediate family):**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Employment History:**

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Location: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## APPLICATION FOR EMPLOYMENT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

### Employment History (continued):

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Location: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Location: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Location: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Comments and/or Additional Information: \_\_\_\_\_