



Native Village of Eklutna
Tribal Government

Employment Application

- NVE has a Drug and Alcohol-Free Workforce Policy. Pre-employment drug screen required.
- Complete application in entirety. Do not fill in sections with "see resume". Do not leave any sections blank. You may attach a resume if you desire.
- It is the policy of NVE to ensure equal employment opportunities to all applicants and employees on the basis of individual qualifications regardless of race, color, religion, age, sex, handicap, or national origin.
- NVE is an employer of American Indian/Alaska Native Preference under Public Law 93-638

General				
Are you requesting Native Preference?		Yes	No	Name of your Tribe:
If yes, please provide a copy of your tribal enrollment/recognized Tribe.				
First Name	Middle Name	Last Name		Type of employment desired
Address			City	State Zip
Telephone	Social Security Number		Date available for employment	
Will you consider:			Driver's License No. and State of License	
Temporary Work	Yes	No	Do you have SR22 Insurance	
Part-time Work	Yes	No		
Full-time Work	Yes	No		
If you are a professional requiring licensure, are you currently licensed in Alaska?			State	Registration No.
			Exp. Date	Type
Emergency Contact Information			Name:	
			Address/Phone:	
Have you been previously employed by NVE?				
No	Yes, when		Under what name	
Have you ever filed any application with NVE?				
No	Yes, when		How were you referred to NVE	
Have you ever been convicted of a felony or other crime of moral turpitude within the last 7 years?				
No	Yes, explain			

Education					
Type of School	Name and Address	Number of years attended	Graduated		Course or Major
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

Other Information

List other skills, any additional background you feel is pertinent to your application, types of equipment or machines that you are qualified to operate:

Business Machines/Programs:

Heavy Equipment or other equipment:

Specialized Skills:

If you type, list typing speed: wpm

Health

Is there any reason why you would be unable to perform or safely perform any of the duties of the position for which you have applied?

No Yes, Explain

Prior Work History

Begin with the Present or Most Recent Employer

Name of Employer	From:	Your name while employed for reference purposes
Address	To:	Phone Number:
Supervisor	Hour/Salary Start:	Reason for Leaving
May we contact this employer? Yes No	Final:	
Position/Duties		

Name of Employer	From:	Your name while employed for reference purposes
Address	To:	Phone Number:
Supervisor	Hour/Salary Start:	Reason for Leaving
May we contact this employer? Yes No	Final:	

Position/Duties

Name of Employer	From:	Your name while employed for reference purposes
Address	To:	Phone Number:
Supervisor	Hour/Salary Start:	Reason for Leaving
May we contact this employer? Yes No	Final:	

Position/Duties

Other References

List individuals who may be able to give us additional information regarding your skills.

Name	Address	Phone Number
1.		
2.		
3.		

PLEASE READ CAREFULLY

1. I certify my signature that the information I have given on this application is true and complete. I understand that any concealment or misrepresentation may be considered cause for termination of employment.
2. I also certify I understand that I may be required to work at other than my regular assignment as the needs of the tribe require, and that my employment is subject to complying with rules, regulations, and conditions as established by the Tribal Council.
3. I consent to drug testing and alcohol testing as may be requested by NVE representatives under NVE's Drug-free and Alcohol-free Work Force Personnel Policy

_____ Date

_____ Applicant Signature

RELEASE FOR EMPLOYMENT INFORMATION

In order to provide complete information regarding my work history and skills, I hereby authorize Native Village of Eklutna to process my application for employment by checking references with former employers, schools or colleges, and individuals. I also release the individuals, companies, or institutions from whom Native Village of Eklutna may request information concerning me, from all liability for any damage whatsoever incurred in furnishing reference information.

I further authorize Native Village of Eklutna to reproduce this release to attached to reference request.

Date

Applicant Signature

DIVISION OF EMPLOYMENT CRIMINAL RECORDS INFORMATION WAIVER

As an application for employment with Native Village of Eklutna, I hereby agree to furnish the Native Village of Eklutna Employment Division a criminal history search (at applicant's own cost), using Alaska Justice Information System records, as may be found in this state and any other state federal jurisdiction. I certify that the information I have given on this form is true and correct to the best of my knowledge.

Applicant _____
Last Name First Middle Date of Birth

Also known as: _____

Social Security Number: _____

Alaska Driver's License Number: _____

Current Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

How Long: _____

Date Applicant Signature

CERTIFICATION OF EMPLOYEE BACKGROUND CHECK AS REQUIRED BY P.L. 101-630 (Indian Child Protection and Family Violence Act)

Upon completion of a background check, Native Village of Eklutna shall provide a letter of certification that the employee has undergone the check and has cleared the investigation.

The Background check is required for all employees of Native Village of Eklutna.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, authorize Native Village of Eklutna (NVE) to conduct a complete background investigation in order to assess my eligibility for a position requiring a high level of reliability and trustworthiness. I authorize all persons who may have information relevant to his investigation including, without limitation, prior employers, law enforcement, and judicial staff, doctors, landlords, creditors, and others to disclose it (including photocopies where requests) to NVE or their agents. I hereby release and hold harmless from liability all person on account of such disclosure. I understand that the investigation may include verification of past employment, review of personnel records maintained by any prior employer, education, an opinions of references.

This authorization shall be valid for a period of time not to exceed one year following the date indicated below or until employment is terminated, whichever occurs first. The release and hold harmless contained herein shall remain in full force and effect with respect to all disclosures provided within the time period.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation.

Signature of Employee

Date

Social Security Number _____ - _____ - _____