# **Employment Application**

Tanana Chiefs Conference

Human Resources Department 122 First Avenue, 2nd Floor Fairbanks, AK 99701 Phone: 907-452-8251 x3155 Fax: 907-459-3956 www.tananachiefs.org

# Position applying for: \_\_\_\_

Last Name:	First Name:		M.I.:
Address:	City:	State:	Zip:
Phone:	Work Phone:	Cell:	
Email address:		Alaska Native / American Indian	Other

## **Education / Training**

Name / Location	Field of Study	Years Completed	Diploma / Degree
High School:		9 10 11 12 GED	
College / University:			
Business / Technical:			
Vocational:			

## **Military Service**

Branch of Service:	Dates Enlisted:	_ Rank at Discharge:
List duties in the military, including schools & train	ing:	

## **Working Considerations**

1. Are you authorized to work in the U.S.	on an unrestricted ba	isis?		Yes	No
lf you are h	he U.S.				
2. Are you willing to work overtime if requ	uired by the position?			Yes	No
3. Current employment status:	Employed (FT/PT)	ÁJnemployed	Self-Employed	In School	
4. Available to work:	Full-time	Æart-time	Temporary	Fill-in	
5. When can you start?	Immediately	Á <b>T</b> wo weeks	Other:		

# **Employment History**

May we contact your present employer?	Yes	No
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Employee Name	Job Title		Dates Emple	oyed				
					From		From	То
Address	Phone N		Mon/Day/Yr	Mon/Day/Yr				
Position Description	Beginning Wage	Ending Wage	e Hours I	Per Week				
	Reason for Leaving							

Employee Name	Job Title		Dates Emplo	oyed
			From	То
Address	Phone N		ne Mon/Day/Yr	
Position Description	Beginning Wage	Ending Wage	e Hours I	Per Week
	Reason for Leaving			

Employee Name	Job Title		Job Title Dates Employed	
			From	
Address	Phone N		Mon/Day/Yr	Mon/Day/Yr
Position Description	Beginning Wage	Ending Wage	Hours I	Per Week
	Reason for Leaving			

Employee Name	Job Title		Job Title Dates Employed		oyed
			From	То	
Address	Phone I		Mon/Day/Yr		
Position Description	Beginning Wage	Ending Wage	e Hours I	Per Week	
	Reason for Leaving				

# Employment History (cont.)

Employee Name	Job Title		Job Title Dates Employe		oyed	
			From			
Address	Phone N		Phone Mon		Mon/Day/Yr	Mon/Day/Yr
Desition Description						
Position Description	Beginning Wage	Ending Wage	Hours I	Per Week		
	Reason for Leaving					

Employee Name	Job Title		Dates Emplo	oyed
			From	То
Address	Phone N		Mon/Day/Yr	Mon/Day/Yr
Position Description	Beginning Wage	Ending Wage	e Hours F	Per Week
	Reason for Leaving			

Employee Name	Job Title		Job Title Dates Employed			
			From	То		
Address	Phone N		Phone Mon/Day/		Mon <b>/</b> Day <b>/</b> Yr	Mon/Day/Yr
Position Description	Beginning Wage	Ending Wage	e Hours I	Per Week		
	Reason for Leaving					

#### License / Certificates

1. List professional licenses, certificates and/or registrations that would be pertinent to the job for which you are applying:

2. List any professional, trade, or business activities and offices held pertinent to the job for which you are applying:

#### Machinery Use / Repair

List the machinery or equipment, specific to this position, that you are qualified to:			
Operate:	Repair:		

## **Additional Qualifications**

In addition to your work history, what other experience, skills or qualifications do you have which especially prepare you for the				
position for which you are applying? (You may omit any information that discloses your sex, race, national origin, age, or disability).				

#### **Personal Data**

1.	Have you ever been convicted of a felony, misdemeanor or other offense other than a minor traffic violation? If so, explain:	Yes	No
	A conviction will not necessarily disqualify an applicant from employment.		
2	Have you previously been employed with TCC? If yes, when & what name used:	Yes	No
3.	If you are under 18, can you furnish a work permit?	Yes	No
4.	Have you been told the essential functions of the job or have you been shown a copy of the	103	
	job description listing the essential functions of the job?	Yes	No
5.	Can you perform the essential job functions with or without reasonable accommodations?	Yes	No

#### References

Give name, address and telephone number of two professional references who are not related to you.					
1.	Name:	_ Address:	_ Phone:		
2.	Name:	_ Address:	_ Phone:		

## **READ CAREFULLY BEFORE SIGNING**

CERTIFICATION OF APPLICATION: I certify that the facts described in this Application for Employment are true. I understand that if I am employed, any false statements, omissions or misrepresentations may result in my dismissal. I authorize TCC to investigate any of the facts described in this application and I release TCC from any liability resulting from such an investigation.

I understand that employment at TCC is "at-will," which means that either TCC or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law. I understand that the President of TCC is the only one authorized to make an offer of employment and to hire for TCC. I understand that no representative of TCC has any authority to enter into any agreement for employment or to make commitments or promises, or assure any benefits or terms and conditions of employment, unless such are made in writing and signed by the President of TCC.

Signature

Date