



P.O. Box 69 Port Lions, AK 99550 Ph.: 907-454-2234 Fax: 907-454-2434

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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION											
NAME					POSITION APPLYING FOR						
ADDRESS					PHONE NUMBER(S)						
					HOME						
					MESSAGE						
HOURS/DATE AVAILABLE					SOCIAL SECURITY #			Date of Birth			
ARE YOU A U.S. CITIZEN?		YES	NO	AK DRIVERS LICENCE		YES	NO				
If no, do you have the legal right to live and work in the U.S.					YES			NO			
VISA TYPE:			NUMBER:			EXPIRATION DATE:					
Have you ever been convicted of a felony?					YES			NO			
Have you ever been convicted of two or more misdemeanors?					YES			NO			
EDUCATION											
Name of School, College, University or Trade/Technical School				City / State		Circle Last Year Completed		Degree/Certificate Credit Hours			
						1 2 3 4					
						1 2 3 4					
						1 2 3 4					
						1 2 3 4					
						1 2 3 4					
LICENSE/CERTIFICATION/REGISTRATION											
Type of License(s)			State		Registration No.		Expiration Date		Any Restrictions?		
PREVIOUS EMPLOYMENT											
Employment Period		SALARY/WAGE			Name & Address of Employer						
FROM	TO	STARTING	\$								
		FINAL	\$								
TYPE OF BUSINESS:											
SUPERVISOR'S NAME											
TELEPHONE:											
POSITION HELD:											
JOB DUTIES:											
REASON FOR LEAVING:											

PREVIOUS EMPLOYMENT

Employment Period		SALARY/WAGE		Name & Address of Employer	
FROM	TO	STARTING	\$		
		FINAL	\$		
TYPE OF BUSINESS:					
SUPERVISOR'S NAME					
TELEPHONE:					
POSITION HELD:					
JOB DUTIES:					

REASON FOR LEAVING:					

Employment Period		SALARY/WAGE		Name & Address of Employer	
FROM	TO	STARTING	\$		
		FINAL	\$		
TYPE OF BUSINESS:					
SUPERVISOR'S NAME					
TELEPHONE:					
POSITION HELD:					
JOB DUTIES:					
REASON FOR LEAVING:					

REFERENCES

NAME	ADDRESS	CONTACT #	YEARS KNOWN

SPECIAL SKILLS OR TRAINING			

APPLICANTS STATEMENT:

I certify that statements made by me on this form are true and correct. I understand that if employed, any false statement on this application can be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature _____
Date

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

PERTINENT INFORMATION	DATE	TIME
DATE & TIME APPLICATION WAS RECEIVED:		
DATE & TIME OF INTERVIEW		