

**Ketchikan Indian Community**  
**Main Office – 2960 Tongass Avenue – 5<sup>th</sup> Floor**  
**APPLICATION FOR EMPLOYMENT**

<b>PERSONAL</b>						
	LAST NAME	FIRST NAME	INITIAL	DATE		
	STREET ADDRESS		MAILING ADDRESS		HOME PHONE	
	CITY STATE & ZIP			MESSAGE OR CELL NUMBER		
	EMAIL ADDRESS			SOCIAL SECURITY NUMBER (Last four numbers)		
	POSITION FOR WHICH YOU ARE APPLYING					
TRIBAL ENROLLMENT NUMBER:		ARE YOU 18 YEARS OR OLDER? ___ YES ___ NO				
		ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? ___ YES ___ NO				
		DATE AVAILABLE FOR WORK: _____				

<b>EDUCATION</b>	SCHOOL TYPE	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	GRADUATE SCHOOL					
	COLLEGE					
	BUSINESS/TRADE TECHNICAL					
	HIGH SCHOOL					

MILITARY SERVICES
HAVE YOU SERVED IN THE U.S. ARMED FORCES? ___ YES ___ NO
WHICH BRANCH? _____

**EMPLOYMENT HISTORY**

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

<b>1</b>	_____	TELEPHONE _____
	COMPANY NAME	EMPLOYED _____
	_____	FROM _____ TO _____ PRESENT _____
	ADDRESS	RATE OF PAY: _____
	_____	START _____ END _____
NAME OF SUPERVISOR	HOURS PER WEEK: _____	
_____	REASON FOR LEAVING: _____	
JOB TITLE – DESCRIBE YOUR WORK		

<b>2</b>	_____	TELEPHONE _____
	COMPANY NAME	EMPLOYED _____
	_____	FROM _____ TO _____ PRESENT _____
	ADDRESS	RATE OF PAY: _____
	_____	START _____ END _____
NAME OF SUPERVISOR	HOURS PER WEEK: _____	
_____	REASON FOR LEAVING: _____	
JOB TITLE – DESCRIBE YOUR WORK		

<b>3</b>	_____	TELEPHONE _____
	COMPANY NAME	EMPLOYED _____
	_____	FROM _____ TO _____ PRESENT _____
	ADDRESS	RATE OF PAY: _____
	_____	START _____ END _____
NAME OF SUPERVISOR	HOURS PER WEEK: _____	
_____	REASON FOR LEAVING: _____	
JOB TITLE – DESCRIBE YOUR WORK		

Do you hold any professional licenses which may be assistance to the position you are applying for?  
YES \_\_\_ NO \_\_\_ If yes, please list them here:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives working at KIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "YES", please list them here.
Name: _____ _____ _____	Relationship: _____ _____ _____	

What is your typing speed? \_\_\_\_\_ WPM      Can you use a 10 key?  Yes  No

Please list the computer packages you have experience with. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you been convicted of a felony within the past 7 years?  Yes  No

If "Yes", on what charge? \_\_\_\_\_ When did this take place? \_\_\_\_\_

Have you been convicted of a misdemeanor within the past 5 years?  Yes  No

If "Yes", on what charge? \_\_\_\_\_ When did this take place? \_\_\_\_\_

REFERENCES: List 3 references who are familiar with your job abilities. Please do not list *personal references*.

Name:	Phone Number:	Years Known:
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the information I have entered in this application for employment is true and complete to the best of my knowledge.

I understand that if I deliberately conceal or enter false information that my application may be rejected, my name be removed from the list of eligible candidates, or that I may be terminated from any position I obtain using false information.

I agree that Ketchikan Indian Corporation may contact former employers or other persons who know me for more information as may be needed. My signature releases any former employers, school officials, etc., to give KIC any information which would assist me in obtaining employment with Ketchikan Indian Corporation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Check List:**

- Double check your application for completeness. Make sure we have a way to reach you should we need to contact you for an interview.
- Did you enter your Tribal Enrollment Number where it was called for on page 1? (Indian preference applies with few exceptions, per Contract regulations)
- Did you sign and date your application.
- Have you included a resume with your application?
- If the position for which you are applying interacts with children/youth, or the elderly you must provide a Criminal Record Check (Alaska State Troopers) and fingerprints for F.B.I. Investigation, if you are hired.

**Ketchikan Indian Community  
& Tribal Health Clinic  
2960 Tongass Avenue – 5<sup>th</sup> Floor  
Ketchikan, Alaska 99901  
Phone: (907) 228-9321 Fax: (800) 757-7040**