



# Ahtna Intertribal Resource Commission

PO Box 613 – Glennallen, Alaska 99588  
 Phone: (907) 822-4466 Fax: (907) 822-4406

[www.ahtnatribal.org](http://www.ahtnatribal.org)  
[connect@ahtnatribal.org](mailto:connect@ahtnatribal.org)

## Application for Employment

POSITION(S) APPLIED FOR				
Position Title	Location	Date	Date Available for employment	
PERSONAL INFORMATION				
Name (Last, First, Middle Initial)				
Address (Street, City, State, Zip Code)				
Home Phone #	Cell Phone #	E-mail Address		
How did you <b>originally</b> find out about this job opening? Please list any specifics to help us identify successful recruiting sources.				
Are you authorized to work in the U.S.?    Yes    No <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>				
Are you in any way related to an Ahtna Intertribal Resource Commission Board member <b>or</b> any present employee of the Ahtna Intertribal Resource Commission?    Yes    No If yes, please indicate the individual's name, position, and relationship.				
Are you a shareholder of Ahtna Incorporated or Chitina Native Cooperation?    Yes    No				
EDUCATION				
Name of School	Location	Dates Attended	Type of Degree	Year Graduated
Are you currently enrolled in any form of further studies or training? If so what form and subject?				

**Employment**

List all employment ***starting with the most current position held***. Explain gaps in employment history. **Please also attach a resume, but you must complete the employment section.** This information will be used in **reference** checks. Failure to answer all items in the following section may eliminate you from further consideration.

Company and Supervisor	Address/phone	Dates Employed	Position and short description duties	Reason for leaving
		From:  To:		
		From:  To:		
		From:  To:		

Please use this space to explain employment gaps:

May we contact past employers for references?    Yes    No

Were you a member of the armed services?    Yes    No  
If yes what branch?

**VOLUNTEER AND COMMUNITY INVOLVEMENT**

Name of organization and duration of service	Description of Service or Duties	Reason no longer involved

**PLEASE LIST THREE PROFESSIONAL REFERENCES**

Name, phone number, and address of reference	Professional association	Length of association