

Ahtna Intertribal Resource Commission  
P.O. Box 613, Glennallen, AK 99588

## Application for Employment

### POSITION(S) APPLIED FOR

Position Title	Location	Date
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### PERSONAL INFORMATION

Name (Last, First, Middle Initial)			
Address (Street, City, State, Zip Code)			
Home Phone #	Cell Phone #	Work Phone #	E-mail Address
<p>How did you <b>originally</b> find out about this job opening? Please list any specifics to help us identify successful recruiting sources.</p> <p><input type="checkbox"/> On-Line Job Bank (i.e.jobs.state.ak.us) _____</p> <p><input type="checkbox"/> Radio Announcement _____</p> <p><input type="checkbox"/> Print Advertisement: _____ <input type="checkbox"/> Professional Association: _____</p> <p><input type="checkbox"/> Referral (by whom?): _____ <input type="checkbox"/> Job Service/CPPC: _____</p> <p><input type="checkbox"/> Other (Please Explain) : _____</p>			
<p>Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><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></p>			
<p>Are you in any way related to a any Ahtna Intertribal Resource Commission Board member <b>or</b> any present employee of the Ahtna Intertribal Resource Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the individual's name, position, and relationship.</p>			
Date Available for Employment?			

### EDUCATION – List most recent first (Use supplemental sheet if necessary)

Name/Location of School	Date Attended	To	Type of Degree	Year Earned
	From			

**EMPLOYMENT HISTORY** – List all employment including military and volunteer service **starting with the most current position held**. Explain gaps in employment history. You may 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.

Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			
Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			
Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			
Dates Employed (month/year)		Position Title	
From:	To:		
Salary		Organization Name/Address	
Start: \$	/Month	Final: \$	/Month
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time, hrs/wk _____		
May we contact for references		Supervisor's Name/Title/Phone:	Reason For Leaving:
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Duties:			

**PROFESSIONAL & COMMUNITY INVOLVEMENT** – List most relevant (Use supplemental sheet if necessary)

Name of Organization (if any)	Position or Type of Activity	Duration of Involvement From   To	Reason for Ending Involvement

**REFERENCES** – In addition to work references indicated in the employment history section, the following references may be contacted. Please list current supervisor and two work references

Name	Type of Reference	Occupation & Company	Address (Street, City, State, Zip)	Telephone and E-Mail Address

In the box below, please briefly indicate other information about your professional or academic background and career goals which could be pertinent to an employment decision.

Per Ahtna Inter-Tribal Resource Commission policy, background checks will be conducted on the final candidate for any full-time or part-time position.

Mail, email signed application, and  
current résumé to:

Ahtna Intertribal Resource Commission  
P.O. Box 613  
Glennallen, AK 99588  
[connect@ahtnatribal.org](mailto:connect@ahtnatribal.org)

For more information, contact us at:

Telephone: (907)822-4466

Email: [connect@ahtnatribal.org](mailto:connect@ahtnatribal.org)

**PLEASE READ CAREFULLY AND SIGN** - I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I further understand that the Ahtna Inter-Tribal Resource Commission has the right to review my education, previous employment, and other background data.

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