



IÑUPIAT COMMUNITY of the ARCTIC SLOPE

an IRA Regional Tribal Government

P.O Box 934 • 6986 Ahmaogak Street • Barrow, Alaska 99723
 Ph.: (907)852-4227 Toll Free 1(888)788-4227 Fax: (907)852-4246

Employment Application

Date:

APPLICANT INFORMATION				
Last Name		First		M.I.
Address				
City		State		ZIP
Phone ()		E-mail Address		
Date available to work?		Social Security#		Desired Salary?
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for our organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	License Number:	
Can you travel if the job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Do any of your friends or relatives work here?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate?	Diploma/GED
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other		Address	
From	To	Did you graduate?	Degree/Certificates
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERENCES		PLEASE LIST THREE REFERENCES	
Full Name	Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	
Company Address	Phone ()		
Full Name	Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	
Company Address	Phone ()		
Full Name	Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	
Company Address	Phone ()		

PREVIOUS EMPLOYMENT			
<i>Company</i>		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Company</i>		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Company</i>		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

HOW WELL DO YOU SPEAK, READ AND/OR WRITE:							
<i>Inupiaq</i>	GOOD	FAIR	POOR	<i>Other</i>	GOOD	FAIR	POOR
SPEAK				SPEAK			
READ				READ			
WRITE				WRITE			

PLEASE LIST SKILLS:

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

EMERGENCY CONTACT INFORMATION	
Name:	Phone #: ()
Address:	Relationship:

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I authorize ICAS to make such investigations and inquiries of my personal, employment, education and other related matters as may be necessary in arriving at an employment decision.</p> <p>I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result termination.</p> <p>I understand that I am required to abide by all rules and regulations of the Inupiat Community of the Arctic Slope.</p>	
Signature of applicant	Date