

EMPLOYMENT APPLICATION

The Native Village of Kotzebue (NVOK) Personnel Department distributes a list of job classes open for application with a description of each. Please read these descriptions BEFORE you fill out this application to check that you have the education and/or experience required for the position you are applying for. You can find the list of job classes that provide more information about completing this application form at the NVOK Personnel Department listed below.

If you wish to update an application already on file with us, you may do so provided the job class is open for recruitment. However, if the application on file is more than 6 months old, you must submit a new (complete) application.

Complete all parts of this application except any that are not mandatory. An application which does not contain essential information or which is illegible will be returned to you. REPORT ADDRESS AND TELEPHONE CHANGES PROMPTLY TO OUR PERSONNEL OFFICE LISTED BELOW. Please be sure to keep a complete copy of your application for your records.

All NVOK employees are subject to mandatory pre-employment, random, and reasonable cause drug testing.

The Social Security Number will be used only as an identifier in our computer files. If you do not wish to give us your Social Security Number, we will assign an identification number to you. This number must be used in all correspondence or inquiries regarding applications.

Submit your completed application to: Native Village of Kotzebue

PO Box 296 Kotzebue, Alaska 99752

(907) 442-3467

Indian Preference: For positions that qualify, in accordance with P.L. 93-638 when filling vacancies by promotion, reassignment, initial appointment, transfer, or reinstatement, priority in selection will be given to otherwise qualified Indian candidates who present proof of eligibility for Indian Preference. Verification may be requested by the Native Village of Kotzebue.

Drug and Alcohol Free Work Place: The Native Village of Kotzebue is committed to maintaining a work place in which all employees can maintain a safe, healthful, drug and alcohol free environment. The Native Village of Kotzebue affirms support of the Drug-Free Work Force Act of 1988

| Official Use Only Date Received: 1. POSITION APPLYING FOR: (| | |
|--|---|----------|
| 2. LAST NAME: | FIRST NAME: | M.I |
| 3. MAILING ADDRESS: | | |
| STREET OR PO BOX | | |
| CITY, STATE | | ZIP CODE |
| 4. TELEPHONE NUMBERS: | | |
| ()//(_ HOME | BUSINESS OR MESSAGE | PHONE |
| 5. SOCIAL SECURITY NUMBER 6. ALASKA RESIDENT: | YESNO | |
| SINCE: MO 7. VALID ALASKA DRIVER'S L | O. YEAR ICENSE: YESNO | |
| DRIVER'S LICENSE # | EXP: | |
| 8. EMPLOYMENT ELIGIBILITY Do you have a legal right to acceYESNO | Y ept employment in the United Sta | tes? |
| | red by the NVOK OK now, but I have been in the pa ed by us before, please give dates: | ast. |
| Employed by the NVOK n Regular Full-Time Temporary Employee | | |

| Regular Part-Time | |
|---|--|
| Seasonal Employee | |
| Casual Employee | |
| How did you hear about this positi | |
| Job Service Per | sonal Friend |
| NVOK Per | sonnel Department |
| | (Such as former supervisor, colleague, friend, |
| preferably not relatives.) | |
| NAME TELE | PHONE NO. OF YEARS KNOWN |
| A | |
| B | |
| | |
| C | |
| 11. Are you the minimum working If no, can you provide a copy of | g age of 18?YESNO f a work permit?YESNO |
| 12. Date eligible for work: | What is your desired salary? |
| 13. Type of employed desired:Full-Time | Part-Time |
| Temporary/Seasonal | Other(Please list) |
| Have you ever been convicted of a If yes, please explain: | |
| | natic bar for employment in the organization. The nvicted in relation to the position to which they have |
| 14. Are you a veteran of the armed Are you a special disabled v | |
| Native Village of Kotzebue to fulfill requirements. Your responses are st | ing information requested is being gathered by The Federal Equal Employment opportunity reporting crictly voluntary, but we urge you to complete all |
| _ | nation will not subject you to adverse effects. |
| Date of Birth: | Age: city, and Gender Information |
| Alaska Native | Male Female |
| American Indian/Native American | Male Female |
| Asian/Pacific Islander | Male Female |
| African-American | Male Female |
| Hispanic | MaleFemale |
| Caucasian/White | MaleFemale |
| Other: | Male Female |

Employment history

Please provide the following information on your last three (3) employers that pertain to the p applying for. (You may submit resume, however the below portion needs to be filled out.)

| From | То | Employer | | Telephone # |
|--------------------------|-----------|--------------------------------------|-----------|-------------|
| Starting Job title/Final | Job title | Address | | |
| Immediate Supervisor | | Summarize the nature of work perforn | ned: | |
| May we contact for ref | ference? | | | |
| Reason for leaving: | | Hourly/Salary Rate Start: \$ PER | Final: \$ | PER |
| | | | | |
| From | То | Employer | | Telephone # |
| Starting Job title/Final | | Address | | |
| Immediate Supervisor | & title | Summarize the nature of work perform | ned: | |
| May we contact for ref | ference? | | | |
| Reason for leaving: | | Hourly/Salary Rate Start:\$ PER | Final: \$ | PER |
| | | | | |
| From | То | Employer | | Telephone # |
| Starting Job title/Final | Job title | Address | | |
| Immediate Supervisor | | Summarize the nature of work perforn | ned: | |
| May we contact for ref | ference? | | | |
| Reason for leaving: | | Hourly/Salary Rate Start:\$ PER | Final: \$ | PER |

Educational Background

| Name & | Number of years | Graduated | | Course of Study |
|-------------|-----------------|-----------|----|-----------------|
| Location | completed | Yes | No | |
| High School | _ | | | |
| College | | | | |
| Other | | | | |

Applicant Statement

I certify that all the information that I have provided in order to apply for The Native Village of Kotzebue is true, complete and correct.

I understand that any information on this application provided by me that is found to be false, incomplete or misrepresented in any respect will be a sufficient cause to:

- 1.) Cancel any further consideration of this application
- 2.) Immediately discharge me from the employer's service, upon discover of evidence.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment, it will be necessary to reapply and fill out a new application.

I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Executive Director.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I also understand that the Native Village of Kotzebue has a Drug and Alcohol Free Workplace policy in place and that if selected, employment will be contingent on passing a drug test.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

| I certify that I have restatement. | ead, fully understand | and accept all terms | in the foregoing ap | plicant |
|------------------------------------|-----------------------|----------------------|---------------------|---------|
| Signature of applicant: | | | _Date: | |