



Kaltag Tribal Council  
 PO Box 129  
 Kaltag, AK 99748  
 Phone # (907) 534-2224  
 FAX # (907) 534-2299  
 E-mail: [esmailka32@hotmail.com](mailto:esmailka32@hotmail.com)

Position(s) Applying For \_\_\_\_\_

Date of Application \_\_\_\_\_

NAME \_\_\_\_\_  
 LAST First M.I

MAIDEN \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

CITY/STATE \_\_\_\_\_

MSG. PHONE ( ) \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female

Ethnic Group: \_\_\_\_ Alaska Native/American Indian \_\_\_\_ Other

TRIBE: \_\_\_\_\_ Village Corporation: \_\_\_\_\_ Regional Corp: \_\_\_\_\_

**EDUCATION/TRAINING**

High School	Name/Location	Field of Study	YRS. Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED	Diploma/Degree
College/University				
Business/Technical				
Vocational				

**MILITARY SERVICE**

Branch of Service	Dates Enlisted	Rank at Discharge
List duties in the military, including schools and training.		

# EMPLOYMENT HISTORY

May we contact your present employer?  Yes  No

Employer Name	Job Title	Dates Employed	
		From	To
Address	Employers Phone Number	Mon/Day/Yr.	Mon/Day/Yr.
Position Description	Beginning Wage	Ending Wage	Hours per week
	Reason For Leaving:		

Employer Name	Job Title	Dates Employed	
		From	To
Address	Employers Phone Number	Mon/Day/Yr.	Mon/Day/Yr.
Position Description	Beginning Wage	Ending Wage	Hours per week
	Reason For Leaving:		

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	Reason For Leaving:		



Kaltag Tribal Council is an equal Opportunity Employer with Indian Preference as required by our contracts.

**EQUAL OPPORTUNITY EMPLOYMENT:** Kaltag Tribal Council is required by Federal Law to have an affirmation action program which will ensure fair employment practices. The following questions are made in conformance with the Administration on Fair Employment Practices. Actions taken will not be based on race, sex, national origin, nor other non-merit factors.

1. Have you ever been convicted of a felony, misdemeanor or other offense, other than a minor Traffic violation? If yes, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you previously been employed with the Kaltag Tribal Council? If yes, when and what was the reason for leaving.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. I have a physical or emotional problem, or handicap which would affect my daily work performance. If yes, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you been told the essential functions of the job or have been shown a copy of the job description, that you are applying for?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Can you perform the essential job functions with or without reasonable accommodations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you have a current Driver's License? List # _____ expiration date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I am a U.S. Citizen? If no, proof of authorization to work in the U.S.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are you a Union Member? If yes, name _____ Card _____ Dues Current	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO

Give name, address and telephone number of two professional references, who are not related to you.

Name	Name
Address	Address
Phone Number	Phone Number
E-mail (optional)	E-mail (optional)

# READ CAREFULLY BEFORE SIGNING

CERTIFICATION OF APPLICATION: \_\_\_\_\_

Printed Full Name

I hereby certify that all information made on or connection with this application is true and complete. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of my application, or removal from employment.

I understand that employment at the Kaltag Tribal Council (KTC) is "At Will", which means that either KTC or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date