

KAWERAK, INC.

HUMAN RESOURCE DEPARTMENT
P.O. BOX 948 • NOME, ALASKA 99762
TELEPHONE: (907)443-4373 • FAX: (907)443-4443



APPLICATION FOR EMPLOYMENT

Date of Application:		Date Received by Kawerak, Inc.:	
Position(s) Applying For:			
Are you interested in any open/temporary positions within Kawerak? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name: (First name)		M.I.	(Last name)
Social Security Number	Home Phone/Cell Phone		Business Phone
Address (P.O. Box)	City	State	Zip Code

OPTIONAL - E-mail Address _____

This application for employment with Kawerak, Inc. is in no way to be interpreted as a contract, either express or implied, between Kawerak, Inc. and any applicant. A supervisor or manager of the company has no authority whatsoever to make any contrary representations to any applicant. Nothing in this application is intended to provide or guarantee employment for any specific period of time. Kawerak, Inc. reserves the right to terminate any employee, at any time, "at-will" with or without any cause.

*All applicants for employment at Kawerak, Inc. are required to complete a Kawerak, Inc. Employment Application form. **Kawerak, Inc. will not accept resumes from applicants as their sole means to applying for a position.** However, resumes may be attached to the application, but must not substitute for the Work History section of the Employment Application. In order to be considered for a particular position, the application must be received by Kawerak, Inc. by the closing date of the recruitment period. The application form must be filled out completely and accurately, including all education/experience history and signed by the applicant. Kawerak, Inc. will only review information on this application and will not apply any information received after processing.*

Do you have a valid Alaska Driver's License? Yes No
If yes, number: []

Can you establish that you may be lawfully employed in this country because of citizenship or immigration status? Yes No

(Employment eligibility will be verified upon hire.)

Do you have any pending charges against you? Yes No

Have you been convicted or found guilty or entered a plea of no contest to a misdemeanor or felony? Yes No

Did you receive a suspended imposition of sentence? Yes No

Are you pending trial? Yes No

Are you currently out on bail? Yes No

If yes, please explain below. (Note: A conviction will not automatically disqualify you for employment. The nature of the conviction and relevance to the position applied for will be evaluated.)

Are there any reasons or circumstances which would keep you from performing the duties of this job? Yes No If yes, please explain.

.....
EDUCATION AND TRAINING

Mark highest level/degree completed:

- Some High School-Last Grade Completed _____ HS diploma/GED Associate
Bachelor Masters Doctorate

Last high school (HS) or GED School. Give the school's name, City, State, Zip and year diploma or GED was received.

COLLEGE/UNIVERSITY ATTENDED- INFORMATION MUST BE COMPLETE AND ACCURATE. PLEASE ATTACH A COPY OF YOUR TRANSCRIPT.

Name/Location/Phone Number and Address	Dates Attended Month/year	Credits Earned	Graduated? Degree/Year	Major/ Degree Earned
	From:			
	To:			

	From:			
	To:			
	From:			
	To:			

VOCATIONAL TRAINING-INFORMATION MUST BE COMPLETE AND ACCURATE. PLEASE ATTACH COPY OF TRANSCRIPT AND CERTIFICATION RECEIVED.

Name of Institution/Location Phone Number and Address	Dates Attended Month/year	Course of Study	Certificates/ Credits
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		

List any professional licenses or registration:

Typing Speed:

Speed: _____ Words per minute Errors: _____

Please note any training or experience relevant to the specific position for which you are applying. Include computer software skills, clerical skills and any languages (other than English) you speak or write:

* * *

EMPLOYMENT REFERENCES

Previous supervisors/employers will be contacted to provide a reference. If you do not have previous work experience, please provide references:

NAME (NOT RELATED)	ADDRESS	PHONE

Do you request Kawerak to delay contacting your current employer? Yes No

EMPLOYMENT HISTORY - THIS SECTION MUST BE COMPLETED, EVEN IF YOU SUBMIT A RESUME. Please give accurate full or part-time employment history. Start with your most recent employer.

1. COMPANY	From: Month/Year /	TO: Month/Year /
ADDRESS:	START PAY: \$	END PAY: \$
TELEPHONE:	SUPERVISOR/TITLE:	
JOB TITLE:	HOURS WORKED PER WEEK:	
DUTIES:	REASON FOR LEAVING:	

2. COMPANY	From: Month/Year /	TO: Month/Year /
ADDRESS:	START PAY: \$	END PAY: \$
TELEPHONE:	SUPERVISOR/TITLE:	
JOB TITLE:	HOURS WORKED PER WEEK:	
DUTIES:	REASON FOR LEAVING:	

3. COMPANY	From: Month/Year /	TO: Month/Year /
ADDRESS:	START PAY: \$	END PAY: \$
TELEPHONE:	SUPERVISOR/TITLE:	
JOB TITLE:	HOURS WORKED PER WEEK:	
DUTIES:	REASON FOR LEAVING:	

EMPLOYMENT HISTORY - THIS SECTION MUST BE COMPLETED, EVEN IF YOU SUBMIT A RESUME. Please give accurate full or part-time employment history. Start with your most recent employer.

4. COMPANY	From: Month/Year /	TO: Month/Year /
ADDRESS:	START PAY: \$	END PAY: \$
TELEPHONE:	SUPERVISOR/TITLE:	
JOB TITLE:	HOURS WORKED PER WEEK:	
DUTIES:	REASON FOR LEAVING:	

5. COMPANY	From: Month/Year /	TO: Month/Year /
ADDRESS:	START PAY: \$	END PAY: \$
TELEPHONE:	SUPERVISOR/TITLE:	
JOB TITLE:	HOURS WORKED PER WEEK:	
DUTIES:	REASON FOR LEAVING:	

6. COMPANY	From: Month/Year /	TO: Month/Year /
ADDRESS:	START PAY: \$	END PAY: \$
TELEPHONE:	SUPERVISOR/TITLE:	
JOB TITLE:	HOURS WORKED PER WEEK:	
DUTIES:	REASON FOR LEAVING:	

EMPLOYMENT HISTORY - THIS SECTION MUST BE COMPLETED, EVEN IF YOU SUBMIT A RESUME. Please give accurate full or part-time employment history. Start with your most recent employer.

7. COMPANY	From: Month/Year /	TO: Month/Year /
ADDRESS:	START PAY: \$	END PAY: \$
TELEPHONE:	SUPERVISOR/TITLE:	
JOB TITLE:	HOURS WORKED PER WEEK:	
DUTIES:	REASON FOR LEAVING:	

8. COMPANY	From: Month/Year /	TO: Month/Year /
ADDRESS:	START PAY: \$	END PAY: \$
TELEPHONE:	SUPERVISOR/TITLE:	
JOB TITLE:	HOURS WORKED PER WEEK:	
DUTIES:	REASON FOR LEAVING:	

9. COMPANY	From: Month/Year /	TO: Month/Year /
ADDRESS:	START PAY: \$	END PAY: \$
TELEPHONE:	SUPERVISOR/TITLE:	
JOB TITLE:	HOURS WORKED PER WEEK:	
DUTIES:	REASON FOR LEAVING:	

Attach additional sheets if needed.



MEMORANDUM OF AGREEMENT

In December 1997, the Kawerak Board of Directors adopted a Drug and Alcohol Testing Policy and Procedure. All individuals who are being considered for regular employment will be required to take a drug and alcohol screen test within the first week of hire, and Village employees will be screened when they come in to Nome.

Please read the following statement of agreement below and sign and date. This agreement is considered part of the initial employment process.

I understand that as a condition of employment I will be required to take a drug and alcohol screening test and agree to abide to Kawerak's Drug Free Workplace Policy. If my drug test comes back positive, I understand that my employment with Kawerak, Inc. will not be continued. I understand that if I fail to take a drug test, my employment with Kawerak will be terminated.

Signature
Date

Printed First, M.I., Last Name

Kawerak is committed to providing and maintaining a drug-free workplace and has established the following policy:

An employee shall not be under the influence of alcohol or other controlled substances while at work, or on company property, or on a company job site, or while engaged in company business. An employee engaging in illegal activities outside of work, such as the unauthorized use of controlled substances, may also be in violation of Kawerak's Standards of Conduct as provided in Section 3.1. The unlawful manufacture, distribution, dispensing, possession or use of alcohol or a controlled substance is prohibited in any and all Kawerak buildings, offices and other work areas. When an employee is taking prescription medication, it must not be abused and must be taken in accordance with the doctor's prescription. An employee is not allowed to report to work or continue working if the employee has taken a prescribed or over-the-counter medication which impairs the employee's ability to perform job duties or presents a health or safety risk to the employee or others in the workplace..

Each individual offered employment at Kawerak, prior to being hired by Kawerak, shall certify by signature their agreement to abide by the Drug Free Workplace Policy. If an individual is unwilling to sign such certification, they will not be hired.



COLLEGE DEGREE VERIFICATION

College/University

Name:

Address:

Phone:

Fax:

The following person has applied for a position with Kawerak, Inc.

Name of Applicant

Social Security Number

Maiden

Name:

Please verify the following information:

Type of Degree

Major

Date Received

Type of Degree

Major

Date Received

APPLICANTS RELEASE:

I, _____ hereby authorize any individual or institution to furnish Kawerak, Inc. with any information they have regarding my educational credentials. I hereby release the individual and institution from all liability for any damage whatsoever incurred in furnishing such information.

Signature of Applicant

Date

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RELEASE OF INFORMATION AUTHORIZATION

As evidence of my desire to obtain employment with Kawerak, Inc. I empower Kawerak, Inc. and or its agents to retrieve information from all prior employers, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies (including Bureau of Criminal Apprehension), worker's compensation agencies or individuals, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability, resulting from providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, financial records, driving history, disciplinary and conviction records.

By my signature below, I hereby release an individual or institution, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I am willing that a fax/photocopy of this authorization be accepted with the same authority as the original.

Signature

Date

Last Name	First Name	Middle Name
Previous Name/Maiden Name		
Street Address/PO Box #		
City	State	Zip
Social Security Number	(Criminal history check information only) Date of Birth	
Driver's License Number	State of License	

Please do not leave any of the spaces above blank.

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NOTICE REGARDING NATIVE HIRE PREFERENCE

Where it is authorized by law, preference for employment will be given to Alaska Natives and Native Americans. In accordance with exemptions granted in Title VII of the Civil Rights Act of 1964 as amended and section 7(b) of Public Law 93-638, the Indian Self-Determination Act as amended, Kawerak shall to the extent feasible give preference in employment for all work performed under applicable contracts to qualified Alaska Natives/American Indians regardless of age, religion or sex; and further extend employment and training opportunities to Alaska Natives/American Indians, regardless of age, religion or sex that are not fully qualified.

For the purposes of determination of eligibility for positions that require native preference per Public Law 93-638, are you an American Indian or Alaska Native? Yes No

Please include Tribal or ANCSA Corporation Affiliation:

_____ (Kawerak may require proof in determining eligibility for native preference.)

* * *

CERTIFICATION OF APPLICANT

I hereby certify that the information contained in this application for employment is correct to the best of my knowledge. I understand that if I am employed, false information on this application is grounds for dismissal. I hereby authorize Kawerak, Inc. to investigate my past and present work, character, education, military and police records to ascertain any and all information which may be pertinent to my employment qualifications unless I have indicated not to do so. I release from all liability or responsibility all persons and corporations requesting or supplying such information. If employed by Kawerak, Inc., I agree that my employment is at-will and I also agree to conform to the rules and regulations of Kawerak, Inc., and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Kawerak, Inc. or myself.

Signature of Applicant

Date

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**Kawerak, Inc.
Voluntary Survey Form**

I choose not to provide the data requested.

* * *

Check only one box:

OTHER-How did you hear about employment at Kawerak, Inc.? Check all that apply:

- Nome Job Service
- Radio Announcement KNOM KICY _____
- Newspaper Advertisement : _____
- Local Posting around village.
- Word of mouth.
- Recruitment web site: _____
- GCI Scanner Channel
- Other: _____

I understand that I voluntarily provided the above information to Kawerak, Inc. to use for statistical purposes.

Signature

Date

This page is separated from the Employment Application upon submission to Kawerak, Inc. and maintained in the Human Resource's Department.