

# SKAGWAY TRADITIONAL COUNCIL

P.O. Box 1157 – SKAGWAY, ALASKA 99840 – (907) 983-4068



## APPLICATION FOR EMPLOYMENT

### PERSONAL DATA

APPLICANT NAME: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN / PREVIOUS

MAILING ADDRESS: \_\_\_\_\_  
P.O. BOX OR STREET CITY STATE ZIP CODE

RESIDENT ADDRESS: \_\_\_\_\_  
P.O. BOX OR STREET CITY STATE ZIP CODE

CONTACT INFO: \_\_\_\_\_  
HOME PHONE MESSAGE PHONE EMAIL

SOC. SEC. #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

PERMANENT CONTACT: \_\_\_\_\_  
LAST FIRST RELATIONSHIP PHONE

### ETHNIC BACKGROUND

AK NATIVE / AM INDIAN \_\_\_\_\_  
TRIBE & ENROLLMENT # ANSCA VILLAGE ANSCA REGIONAL

NATIVE HAWAIIAN CHICANO / LATINO CAUCASIAN

ASIAN / PACIFIC ISLANDER AFRICAN AMERICAN OTHER: \_\_\_\_\_

### EDUCATION & TRAINING

HIGHEST GRADE COMPLETED: 12 11 10 9 8 7

HIGH SCHOOL GRADUATE G.E.D. WHERE: \_\_\_\_\_ WHEN: \_\_\_\_\_

COLLEGE / VOCATIONAL:

NAME OF SCHOOL	ATTENDANCE DATES	DEGREE
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### CURRENT EMPLOYMENT STATUS

EMPLOYED PART-TIME	EMPLOYED FULL-TIME	SELF EMPLOYED
UNEMPLOYED (LIST REASON BELOW)		
SEEKING WORK	SEEKING TRAINING	STUDENT / TRAINEE
DISABLED	DISLOCATED WORKER	OTHER: _____

**SKILLS & ABILITIES**

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COMPUTER PROGRAMS YOU CAN OPERATE: \_\_\_\_\_  
\_\_\_\_\_

EXPERIENCE WITH TRIBAL ENTITIES: \_\_\_\_\_  
\_\_\_\_\_

EXPERIENCE WITH NON-PROFITS: \_\_\_\_\_  
\_\_\_\_\_

OCCUPATIONAL LICENSES: \_\_\_\_\_  
\_\_\_\_\_

MACHINERY, TOOLS, OR EQUIPMENT PROFICIENCY: \_\_\_\_\_  
\_\_\_\_\_

VOLUNTEER / COMMUNITY WORK: \_\_\_\_\_  
\_\_\_\_\_

ALASKA DRIVER'S LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**MILITARY DATA**

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VETERAN OF THE ARMED SERVICES (IF YES, ANSWER QUESTIONS BELOW)

ENLISTMENT DATE	DISCHARGE DATE	BRANCH OF SERVICE
SERVICE RELATED DISABILITY	VA DISABILITY RATING: _____	
NON-SERVICE RELATED DISABILITY	VA DISABILITY RATING: _____	
NATURE OF DISABILITY (IF APPLICABLE): _____		

**LEGAL INFORMATION**

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DO ANY OF THE FOLLOWING APPLY TO YOU?

CONVICTED OF A FELONY EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_

DWI OR DRUG CONVICTION EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_

CURRENTLY ON PROBATION OR PAROLE EXPLANATION: \_\_\_\_\_  
NAME OF PROBATION / PAROLE OFFICER: \_\_\_\_\_

UNDER TREATMENT FOR SUBSTANCE ABUSE EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_

DIFFICULTY READING OR WRITING ENGLISH EXPLANATION: \_\_\_\_\_

PHYSICAL OR MENTAL DISABILITY EXPLANATION: \_\_\_\_\_

