



Organized Village of Kake

P.O. Box 316

Kake, Alaska 99830-0316

Telephone 907-785-6471

Fax 907-785-4902 / www.kake-nsn.gov



(Federally Recognized Tribal Government serving the Kake, Alaska area)

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____

Applicant Name: _____
Last First Middle

Mailing Address: _____
P.O. Box City State Zip Code

Resident/Permanent Address: _____
Street or P.O. Box City State Zip Code

Telephone Number: () _____ Message: () _____

U.S. Citizen: Yes No Alaska Native or American Indian: _____

Tribal affiliation/ name of tribe enrolled in _____

EMPLOYMENT DESIRED

Position: _____ Date can start: _____ Salary desired: _____

Are you currently employed: _____ If employed, may we inquire w/current employer: _____

Have you applied with OVK before: _____ If so, when: _____

Yes No Do you have a valid Alaska Driver's License? If yes, # _____ Exp. Date: _____

Yes No Have you ever been convicted of a felony? If yes, explain: _____

Yes No Are you currently on probation or parole? If yes, name of parole/probation officer: _____

FORMER EMPLOYERS (list below last three employers, starting with last one first)

Employer's Name: _____ Start date: _____ End date: _____ Salary: _____
Address: _____ Reason for leaving: _____
Job title: _____ Duties: _____

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SKILLS & ABILITIES

List any Computer Software Program you can operate: _____

List any machinery, tools, equipment, etc., you can operate/repair: _____

List skills relating to the job applying for: _____

List any Volunteer work you may have done/currently performing: _____

******PLEASE ATTACH A COPY OF YOUR RESUME (2-page max) IF IT IS AVAILABLE******

