

Application for Employment

Employment Interest

Current Date (m/d/yy)	Date Available (m/d/yy)	Position Desired	Minimum Salary Desired
What work schedule are you seeking? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call			
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
How did you hear about this job: _____			

Personal Data

Last Name	First Name	Middle Name
Full Address; street, city, state, zip		
Email address	Home Phone/Cell Phone	

Employment History

Please list your 3 most recent employers, starting with your most recent position. A resume may be attached but will not be accepted in place of any information required on this form.

Dates (mm/yy)	From:	to	Address:
Name of Employer:			Name and Title of Immediate Supervisor:
Telephone Number:			Duties:
Your Title:			
Reason for leaving or wishing to leave:			
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but only after I have given current employer my notice to terminate employment.			

Dates (mm/yy)	From:	to	Address:
Name of Employer:			Name and Title of Immediate Supervisor:
Telephone Number:			Duties:
Your Title:			
Reason for leaving or wishing to leave:			
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but only after I have given current employer my notice to terminate employment.			

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Name of Employer:			Name and Title of Immediate Supervisor:
Telephone Number:			Duties:
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Reason for leaving or wishing to leave:			
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but only after I have given current employer my notice to terminate employment.			

Education

Please complete for all that apply.

	School / Organization Name	Location (City/State)	Field of Study / Degree
<input type="checkbox"/> Some high school			
<input type="checkbox"/> High school graduate / G.E.D.			
<input type="checkbox"/> Some college			
<input type="checkbox"/> Associate degree			
<input type="checkbox"/> Bachelor's degree			
<input type="checkbox"/> Master's degree			
<input type="checkbox"/> Doctorate degree			
<input type="checkbox"/> Professional certification			

References

Please provide at least three references from previous and/or current supervisors.

Name	Company	Title	Phone / Email

Other Pertinent Information

1. Are you legally eligible to work in the US? Yes No

2. Are you 18 years of age or older? Yes No
If hired, you will be required to furnish proof that you are legally authorized to work in the United States.

3. If under 18 years of age, can you furnish a work permit on or before your first day of work? Yes No

4. Are you able to perform the essential duties of the job(s) for which you are applying, as described, with or without reasonable accommodation? Yes No

5. Do you have any relatives working for this organization? Yes No
 If yes, please provide name, department for which the individual works, and your relationship to the individual.

6. Are you a shareholder or descendant of Kikiktagruk Inupiat Corporation? Yes No

7. Are you a shareholder of any other Alaskan Native Corporation? Yes No
 If yes please list Corporations. _____

8. Do you have a valid Driver's License? Yes No

9. Will you now or in the future require sponsorship for employment? Yes No

Applicant Statement

I certify that the answers given in this application are true and correct and that I have not withheld any facts or circumstances. I understand that all answers given on my application for employment are subject to verification. I understand that if I'm employed by Kikiktagruk Inupiat Corporation, any false statement, misrepresentation, or omission of facts on this application of employment or on any supporting documents, regardless of when discovered to be false or omitted, may be sufficient reason for immediate dismissal.

I understand that the information provided in my application for employment will be verified, including academic background, employment history, and any criminal convictions which may be on my record. I give Kikiktagruk Inupiat Corporation consent to conduct a background and criminal record check. I also authorize my past employers and schools to give to Kikiktagruk Inupiat Corporation pertinent information about me. I also understand that all offers of employment are contingent upon verification of the information provided in my application of employment.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for purposes of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal laws.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to complete 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 the employer is not authorized to make any assurances to the contrary, and that no implied, oral and/ or written agreements contrary to the foregoing language are valid unless they are in writing and signed by the employers President.

I also understand that if I'm hired I will be required to provide proof of identity and legal documentation authorizing me to work in the United States.

I certify that I have read and fully understand and accept all the terms of the foregoing Applicant Statement.

Signature: _____

Date: _____

Print Name: _____



Invitation to Self-Identify

KIC and its subsidiaries is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment within KIC. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

MALE

FEMALE

I CHOOSE NOT TO SELF-IDENTIFY

WHITE (not Hispanic or Latino)

BLACK or AFRICAN AMERICAN (not Hispanic or Latino)

HISPANIC OR LATINO

ASIAN (not Hispanic or Latino)

AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)

NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)

TWO or MORE RACES (not Hispanic or Latino)

I CHOOSE NOT TO SELF-IDENTIFY

Printed Name: _____

Signature Name: _____

Date: _____

Position: _____



Veteran Voluntary Self-Identification

KIC and its subsidiaries will be participating in all federal compliance reporting programs including the VETS 4212 reporting. KIC and its subsidiaries is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the below classifications.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment within KIC. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

- A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Printed Name: _____

Signature Name: _____

Date: _____

Position: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.