



Fairbanks Native Association
605 Hughes Avenue
Fairbanks, Alaska 99701
Phone (907) 452-1648 Fax (907) 456-1423
www.fairbanksnative.org

How did you hear of this position?

- Walk-in
 FNA Website
 Job Service
 Friend/Family
 Employee _____
 Newspaper
 Other _____

Position(s) applying for

Job Number(s)

Applicant Information

Name: _____ Home Phone: _____
 Address: _____ Message Phone: _____
 City/State: _____ Zip: _____ Work Phone: _____

Education/Training

High School	Name/Location	Field of Study	Years Completed	Diploma/Degree and Date Received (Degree only)
			9 10 11 12 GED	
College/University				
Business/Technical				
Vocational				

Working Considerations

1. Are you authorized to work in the U.S. on an unrestricted basis?
 Yes () No ()
 (If you are hired, you will be required to provide proof of authorization to work in the U.S.)

2. If you are under 18, can you furnish a work permit? Yes () No ()
3. Are you willing to work overtime if required by the position? Yes () No ()
4. Current employment status: Employed () Unemployed () Self-Employed () Attending school ()
5. Available to work: Full Time () Part Time () Temporary On Call ()
6. When can you start? Immediately () Two weeks () Other () _____

Please complete all requested information below or attach resume and include all information below.

NOTE: Please explain any gaps in employment.

Job History

Employer Name	Job Title	Dates Employed
Address	City, State	Phone Number
		Beginning Wage:
		Ending Wage:
Duties		Reason for leaving

Employer Name	Job Title	Dates Employed
Address	City, State	Phone Number
		Beginning Wage:
		Ending Wage:
Duties		Reason for leaving

Employer Name	Job Title	Dates Employed
Address	City, State	Phone Number
		Beginning Wage:
		Ending Wage:
Duties		Reason for leaving

Job History

Employer Name	Job Title	Dates Employed
Address	City, State	Phone Number
		Beginning Wage:
		Ending Wage:
Duties		Reason for leaving

Employer Name	Job Title	Dates Employed
Address	City, State	Phone Number
		Beginning Wage:
		Ending Wage:
Duties		Reason for leaving

Employer Name	Job Title	Dates Employed
Address	City, State	Phone Number
		Beginning Wage:
		Ending Wage:
Duties		Reason for leaving

Employer Name	Job Title	Dates Employed
Address	City, State	Phone Number
		Beginning Wage:
		Ending Wage:
Duties		Reason for leaving

License/Certifications

List professional licenses, certifications and/or registrations that would be pertinent to the job in which you are applying. Please include, if applicable, expiration dates.

Additional Qualifications

1. In addition to your work history, what other experience, skills or qualifications do you have which especially prepare you for the position which you are applying? (You may omit any information that discloses your sex, race, national origin, age or disability).

2. List any professional, trade, or business activities and offices held pertinent to the job in which you are applying:

Personal Data

1. Have you ever been convicted of a felony, misdemeanor or other offense other than a minor traffic violation? Yes _____ No _____
If yes, please explain: _____
2. Do you have a valid Alaska Driver's License? Yes _____ No _____
Driver's license number: _____
3. Have you previously been employed with FNA? Yes _____ No _____
If so, when and with which department? _____
4. Do you have any relative(s) / in-law(s) working for FNA or a member of the FNA Board of Directors? Yes _____ No _____
If so, who and in which department: _____

References

List three references (other than relatives) and one past supervisor.

Name	Relationship	Years Known	Phone Number
Reference _____			
Reference _____			
Reference _____			
Past Supervisor _____			

Please read the following carefully and initial each paragraph.

_____ I hereby authorize Fairbanks Native Association (FNA) to thoroughly investigate my references, work records, education, criminal record and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to FNA any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release FNA, my current and former employers, and all other persons, corporations, partnerships, and association from any and all claims, demands, liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended to create an employment contract, implied or explicit, between me and FNA. I understand that the offer of employment can only be made by the Executive Director or her/his designee. In addition, I understand and agree that if I am employed, my employment relationship with FNA is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at anytime, with or without prior notice, with or without cause or reason, at the option of either myself or FNA and that no promises or representations contrary to the foregoing are binding on FNA unless made in writing and signed jointly by FNA's Executive Director and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or FNA benefits, policies and procedures will not alter our at-will agreement.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ I understand that specific positions require driving an FNA-owned vehicle and the driver must be at least 21 (twenty-one) years old and if transporting a passenger the driver must be at least 25 (twenty-five) years old with a clean driving record for the past 3 (three) years.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application, I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Non-disclosure of criminal record could result in possible termination.

_____ I understand that as a condition of employment I am required to undergo and successfully pass a screening for drugs. I also understand and agree that if employed, I am required to submit to a random drug screening at any time at the discretion of the Fairbanks Native Association. I hereby consent to having the results of any such drug screening that I may be required to undergo released to the Fairbanks Native Association.

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

Printed Name

Applicant Signature

Date

Fairbanks Native Association, Inc

Affirmative Action Information Form

Fairbanks Native Association is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants and employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and kept separate from your application. This information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

GENDER

- Male
- Female

RACE / ETHNIC GROUP

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Alaska, and who maintain cultural identification through tribal affiliation or community recognition.
- Two or more races (Not Hispanic or Latino)** - A person who identifies with more than one of the above seven races. You are encouraged to specify the approximate percentage, for example, 50% Alaska Native and 50% White.

Name: _____

Date of Application: _____

Position(s) Applied for: _____



F • N • A

Fairbanks Native Association

DISCLOSURE

As part of the employment process, Fairbanks Native Association, Inc., (FNA), will obtain a consumer report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with FNA, I hereby authorize ChoicePoint Workplace Solutions Inc., on behalf of FNA to procure a consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other sources required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Signature

Date

- -

Social Security Number

Date of Birth

Printed Name _____

Physical address _____

City, State, Zip _____

Alaska Resident Yes _____ No _____

Drivers License Number and State _____

Expiration Date