



ANCC
ALASKA NANNUT CO-MANAGEMENT COUNCIL

P.O. Box 2027 Nome, AK 99762
Phone: (907)-443-6890
Fax: (907)-443-6903

Employment Application

Please submit this application along with a resume and cover letter.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Do you have a valid Alaska Driver's License? YES NO If yes, number: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Employment History

Do you request ANCC to delay contacting your current employer?

YES

NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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, ANCC shall to the extent feasible give preference in employment for all work performed under applicable contracts to qualified Alaska Natives and Native Americans regardless of age, religion, or sex; and further extend employment and training opportunities to Alaska Natives, 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

Tribal or ANCSA Corporation Affiliation: _____

(ANCC 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 ANCC 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 ANCC, I agree that my employment is at-will and I also agree to conform to the rules and regulations of ANCC, and my employment and compensation can be terminated with our without cause, and with our without notice, at any time, at the option of either ANCC or myself.

Signature: _____ Date: _____



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Memorandum of Agreement

In accordance with the Drug-Free Workplace Act of 1988, ANCC is a drug and alcohol-free workplace. ANCC strictly prohibits the use, possession, distribution, or sale of illegal drugs or alcohol, and being under the influence of illegal drugs or alcohol, during work hours. "Illegal drugs" means all drugs, narcotics, and intoxicants for which possession or misuse is unlawful under federal law, including prescription medications for which the employee does not have a valid prescription.

ANCC may require individuals to participate in a drug test prior to being hired, and may require additional employee drug or alcohol tests or series of tests, based on reasonable cause or at random. An employee's refusal to cooperate in an investigation or to authorize testing will result in immediate employment conditions or other discipline, up to and including termination. An individual being considered for employment at ANCC who refuses to participate in a drug test, or tests positive for the use of illegal drugs, will not be hired.

Acknowledgement:

Signature

Date

Printed Name



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College Degree Verification

College/University Name: _____

Address: _____

Phone: _____ Fax: _____

The following person has applied for a position with ANCC.

 Name of Applicant

 Social Security Number

 Maiden Name (if applicable)

 Type of Degree

 Major

 Date Received

 Type of Degree

 Major

 Date Received

Applicant's Release:

I, _____, hereby authorize any individual or institution to furnish ANCC 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