

Application for Employment

AVCP

Association of Village Council Presidents
Pouch 219
Bethel, AK 99559
(907) 543-7300

Please Print

POSITION APPLIED FOR _____ (One Position per application)

All employment with the Association of Village Council Presidents (AVCP) is considered "at will" employment. AVCP reserves the right to terminate any "at will" employee at any time with or without cause. Likewise, any employee is free to terminate his/her employment with AVCP at any time, with or without reason.

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
BOX NUMBER CITY STATE ZIP CODE

TELEPHONE NUMBER (_____) _____ - _____ SOCIAL SECURITY NUMBER _____
AREA CODE

Do you claim American Indian/Alaska Native Preference? _____ If yes, you will need to provide documentation if hired

May we contact you at work?..... YES NO

If yes, work number and best time to call.....(_____) _____
Area Code Time

Have you filed an application here before?..... YES NO

If yes, give date..... ____/____/____

Have you ever been employed here before?..... YES NO

If yes, give dates..... FROM ____/____/____ TO ____/____/____

Are you legally eligible for employment in this country?..... YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available to work..... ____/____/____

Type of employment desired: Full Time Part-Time Temporary Seasonal Educational Co-Op

Are you on a lay-off and subject to recall?..... YES NO

Will you relocate if job requires it?..... YES NO..... Will you travel if job requires it?..... YES NO

Will you work overtime if required?..... YES NO

If required by the employer, will you undergo pre-employment physical?..... YES NO

Can you perform the essential functions of this job with or without reasonable accommodations?..... YES NO
(If you have not reviewed a copy of the job description, please ask to do so before answering this question)

Have you ever been convicted of a felony?..... YES NO

If Yes, please explain: _____

(Conviction of a crime will not necessarily bar you from employment)

Driver's License Number (If required by Job)..... _____ State _____

AVCP INCORPORATED IS AN EQUAL OPPORTUNITY EMPLOYER

Educational Background

A. List last three (3) schools attended, *starting with last one*. **B.** List number of years completed, **C.** Indicate degree or diploma earned, if any, **D.** Grade Point Average or Class Rank and **E.** Major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	E. MINOR

List any foreign language(s) and check the box that best describes your skill level:

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE NUMBER	YEARS KNOWN
	() -	
	() -	
	() -	

List professional, trade, business or civic associations and any offices held. (Exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, and awards. (Exclude information, which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.) _____

List any additional information you would like us to consider: _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone Number () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title	Hourly Rate			
	Starting			
Immediate Supervisor and Title		\$	PER	
Reason For Leaving	Hourly Rate			
	Final			
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Employer	Telephone Number () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title	Hourly Rate			
	Starting			
Immediate Supervisor and Title		\$	PER	
Reason For Leaving	Hourly Rate			
	Final			
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

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	Final			
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

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Immediate Supervisor and Title		\$	PER	
Reason For Leaving	Hourly Rate			
	Final			
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company. _____

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date ____/____/____

The applicant is advised that this application is not a contract of employment. Where applicable, in accordance with federal laws, the Employer gives preference in hiring to applicants who identify themselves as Alaska Natives or American Indians.

ANY CHANGES ON THIS APPLICATION WILL MAKE IT NULL AND VOID

For Personnel Department Use Only

Position applied for..... Available Not Available

Other positions considered for _____

Hired..... Yes No Date of Hire ____ / ____ / ____

Position hired for _____

EEO Classification _____

- | | | |
|---------------------------|----------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical | 8. Laborers (unskilled) |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Notes _____

Completed By _____ Date ____ / ____ / ____

Voluntary Affirmative Action Information

(Completion of Information Below is Voluntary)

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Date ____/____/____

Position Applied For _____

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY

WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER

NAME OF SOURCE (IF APPLICABLE) _____

Applicant's Name _____
Last First Middle Telephone Number

Address _____
Street/PO Box City State Zip Code

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check One..... Male Female

Check one of the following race/ethnic group

Hispanic Black White American Indian/Alaska Native Asian/Pacific Islander

Check if any of the following are applicable

- Vietnam Era Veteran -A Veteran whose military services occurred between August 5, 1964 and May 7, 1975; and,
1. served on active duty for a period of more than 180 days and was discharged with other than dishonorable discharge, or
 2. was discharged or released from active duty because of a service connected disability.

Disabled Veteran

Disabled Individual

TO BE COMPLETED BY APPLICANT – NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY FROM APPLICATION