



Eastern Aleutian Tribes

3380 C Street, Suite 100
 Anchorage, Alaska 99503
 Telephone (907) 277-1440
 Fax (907) 277-1446
 www.eatribes.org

PLEASE PRINT OR TYPE, except where signatures are required. Use blank paper if you do not have enough room on this application. Eastern Aleutian Tribes will make reasonable accommodation in the application process, if needed. **Please complete and return to HR but do not submit the BCU application to the State or complete online.** Eastern Aleutian Tribes is an Equal Opportunity Employer.

This application is current only for ninety (90) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to update your information.

Name (Print): _____ Telephone Number(s): _____
 Last First MI Day Evening
 Mailing Address: _____ Today's Date: _____
 Street & Number City State Zip
 What type of employment are you seeking? Full-time Part-time Itinerant Temporary Seasonal
 Position Applied For/Interested In: _____ Date available for employment: _____
 Are you willing to travel?: Yes No If yes, what percentage of time? _____ % E-Mail Address: _____

EDUCATION

Indicate Highest Grade Completed: _____
 High School Name: _____ City & State: _____ Diploma or GED: Yes No
 College Name: _____ City & State: _____ Major/Subject: _____
 Degree Obtained: _____ If No Degree Obtained/Credits: _____
 College Name: _____ City & State: _____ Major/Subject: _____
 Degree Obtained: _____
Graduate or Professional/Technical School
 Name: _____ City & State: _____ Major/Subject: _____
 Degree Obtained: _____

List Certifications and Licenses: (Please include date obtained and expires if any)

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

If you are an experienced operator of any business machines/equipment or software programs, please list: Level of competency:

PROFESSIONAL REFERENCES

Last Name	First	Title	Organization	Phone Number(s)	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How did you hear about the position at Eastern Aleutian Tribes?

If current employee, list name here:

RECORD OF EMPLOYMENT

Please complete employment part in full, if more space is needed, add additional sheet.

Name of Current/Most Recent Employer: _____	Type of business: _____
Mailing Address: _____	Telephone Number(s): _____
Dates Employed: From / / to / /	Supervisor Name & Title: _____
Position Title: _____	Why are you leaving?: _____
Salary: \$ _____ per: _____	Hours worked per week: _____
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please briefly describe the duties you performed, skills used or learned, and accomplishments:	

Previous Employer: _____	Type of business: _____
Mailing Address: _____	Telephone Number(s): _____
Dates Employed: From / / to / /	Supervisor Name & Title: _____
Position Title: _____	Why are you leaving?: _____
Salary: \$ _____ per: _____	Hours worked per week: _____
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please briefly describe the duties you performed, skills used or learned, and accomplishments:	

Previous Employer: _____	Type of business: _____
Mailing Address: _____	Telephone Number(s): _____
Dates Employed: From / / to / /	Supervisor Name & Title: _____
Position Title: _____	Why are you leaving?: _____
Salary: \$ _____ per: _____	Hours worked per week: _____
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please briefly describe the duties you performed, skills used or learned, and accomplishments:	

Previous Employer: _____	Type of business: _____
Mailing Address: _____	Telephone Number(s): _____
Dates Employed: From / / to / /	Supervisor Name & Title: _____
Position Title: _____	Why are you leaving?: _____
Salary: \$ _____ per: _____	Hours worked per week: _____
May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please briefly describe the duties you performed, skills used or learned, and accomplishments:	

AMERICAN INDIAN/ALASKA NATIVE PREFERENCE

Federal law (P. L. 93-638) permits American Indian/Alaska Native Preference in hiring for all positions at Eastern Aleutian Tribes. If an applicant is American Indian/Alaska Native and would like us to consider his/her American Indian/Alaska Native status under our Native Preference Policy, we require the applicant to provide satisfactory proof on American Indian/Alaska Native status.

Do you claim American Indian/Alaska Native Preference? Yes No

Are you a member of a federally recognized tribe? Yes No Tribal Affiliation: _____

If yes, attach a copy of your Certificate Of Indian Blood Card/Letter, or a village enrollment card from a federally recognized tribe. If proper documentation is not attached, your application will not be given native preference.

**DECLARATION FOR EMPLOYMENT
INDIAN CHILD PROTECTION ACT (PL 101-630)**

BACKGROUND INFORMATION

Federal law requires an investigation of the character and criminal background of each individual who is employed, or is being considered for employment, in a childcare position or a position with duties and responsibilities that involve regular contact with or control over Indian children.

The check shall include a search of the criminal history repositories of all states that an employee or prospective employee lists as current and former residences in an employment application.

I certify that my response to these questions is under Federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any adverse information that may disqualify me from employment and my right to obtain a copy of any criminal history report made available to Eastern Aleutian Tribes.

PLEASE MAKE SURE BOTH QUESTIONS ARE ANSWERED

Have you ever been arrested for or charged with a crime involving a child? Yes No

If "YES," provide the date, explanation of the violation, disposition of the arrest or charge and place of occurrence.

Have you ever been found guilty of, or entered a plea of no contest (nolo contendere), or guilty to, any felonious offense or any of 2 or more misdemeanors offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? Yes No

If "YES," provide the date, explanation of the violation, disposition of the arrest or charge, and place of occurrence.

The information that I have provided in this section is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact can be justification for refusal of employment, or, if already employed, termination. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of identity and work authorization within three (3) days of employment. Failure to submit such proof within the required time shall result in immediate employment termination. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of, or been found guilty of, or entered a plea of no contest (nolo contendere), or guilty to **ANY** crime(s) – felonies or misdemeanors. Yes No (A conviction will not necessarily disqualify an applicant.)

If yes, list all and provide the date, explanation of the violation, disposition of the arrest or charge and place of occurrence.

Are you listed on the Cumulative Sanction List of the Office of Inspector General or Government Services Administration (OIG/GSA) Exclusionary list? Yes No If yes, explain: _____

Are you currently debarred or sanctioned from doing business with the federal government or any of its agencies or programs?

Yes No If yes, explain: _____

Have you ever been debarred or sanctioned from doing business with the federal government or any of its agencies or programs? Yes

No If yes, explain: _____

Are any charges or disciplinary actions or sanctions pending against you by any federal or state law enforcement, regulatory or licensing agency? Yes No If yes, explain: _____

Please Print Clearly:

Full Name: _____ Social Security #: _____

Other names used (i.e. Maiden or nicknames): _____

Date of birth: _____ Place of birth: _____

Current Drivers License #: _____ Issuing State: _____

Applicant's Signature: _____ Date: _____



Department of Health and Social Services

DIVISION OF HEALTH CARE SERVICES Background Check Program

4601 Business Park Blvd., Bldg K Anchorage, Alaska 99503-7167 Main: 907.334.4475 Fax: 907.269.3488

Alaska Background Check Application

*Asterisks mark required fields. Applications will not be processed without complete information.

Personal Information

Full Legal Name: Last First M.I. Date of Birth (mm/dd/yyyy)

Permanent/ Physical Address: Physical Street Address Apartment/Unit #

City State ZIP Code

Mailing Address (if different than Permanent/ Physical Address): Mailing Address Apartment/Unit #

City State ZIP Code

Primary Phone: Secondary Phone:

*Applicant's Email Address:

*SSN (or ITN): This is an ITN

Demographic Information

*Race: (Asian, Black, White Native American, or Unknown) *Gender: (Male, Female, Unknown, Other)

*Eye Color: (Black, Blue, Brown, Hazel, Green, Grey, Unknown) *Hair Color: (Black Blonde, Brown, Grey, Sandy or Light Brown, Red, White, Unknown)

*Height: FT IN *Weight: Lbs.

*Place of Birth (Country/State): US Citizen(Y/N):

Alias

Aliases/Prior Names (includes all names by which a person is currently known as, or has previously gone by, including nick names): Please attach additional pages as necessary

First Name: Middle Name: SSN/ITN: This is an ITN

Last Name: Date of Birth: (mm/dd/yyyy)

First Name: Middle Name: SSN/ITN: This is an ITN

Last Name: Date of Birth: (mm/dd/yyyy)

Prior Address History

Prior Addresses in the last 10 years: Please list the state(s) in which you have lived outside of Alaska for the last 10 years. This includes those states in which you have lived for schooling or training even if you remained an Alaska resident during that time. If you have lived in Alaska for the entirety of the last 10 years, you do not need to complete this section. Please attach additional pages as needed.

State: _____ Year(s) From: _____ **to** _____
State: _____ Year(s) From: _____ **to** _____
State: _____ Year(s) From: _____ **to** _____

Pre-Employment Information

Pre-Employment Information: Only complete this information if you are applying directly with a licensed and/or certified entity. The entity should provide you this information. If the entity does not provide this information to you, leave this section blank.

Provider Name: _____

State Program under which the individual will work, such as Assisted Living, PCA, Hospital, Hospice, etc.: _____

Position Title: _____

Position Type: _____
(Employee/Independent Contractor/Volunteer/Other)

Instructions

1. You should only submit this form to the Background Check Program (BCP) if you have not already applied on-line or through a licensed and/or certified entity. You may apply on line at: <https://nabcs.dhss.ak.local/bcpapplicant>. Hard copy applications will only be processed in the order in which they are received and will not be processed until a full and complete application is received, including all applicable fees and fingerprint cards.
2. Hard copy applications submitted to the BCP will not be connected to any other application or to any specific provider type within the system and require fingerprint cards and all applicable fees. **Please note fees are non-refundable.**
3. Hard copy applications submitted to the BCP must be complete within 30 days from the date the application was received. All fees and fingerprint cards must be **received by** the BCP within the 30 day timeframe. Applications found incomplete after 30 days are automatically closed. If you still require a background check, you will be required to submit a new application including all fees and fingerprints.
4. Payments may be made by check, credit card or money order. Cash payments may only be made in person at 4601 Business Park Blvd., Bldg. K, Anchorage, AK 99503. All payments must be for the exact amount. If you wish to pay by credit card, you must contact the Background Check Program at (907) 334-4475 to make a payment over the phone. Fees for fingerprint based background checks are \$76.50 and are **not refundable.**
5. Please ensure you provide a valid email address. The email address will be used to communicate with you regarding your application status, including information regarding determinations or needed information.
6. If an eligible determination is made, you must associate with a licensed and/or certified entity within 100 days of the determination. Unassociated applications will be closed after 100 days without further notice and will immediately render a background check invalid. If you continue to need a valid criminal history check, you will be required to submit a new application including all fees and fingerprints.
7. A complete application includes this application form, non-refundable payment in the amount of \$76.50, and one set of fingerprints. Complete applications should be mailed to: State of Alaska, Background Check Program, 4601 Business Park Blvd., Bldg. K, Anchorage, AK 99503.

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I, _____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

Applicant Signature

Date



Please keep this document in your employee file. Upon request by the Department of Health, a copy must be provided within twenty-four (24) hours to the Background Check Program.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card (as of 3.30.2018)

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality, and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DOH guidelines.

I, _____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

I understand that if I am found not eligible for employment, volunteering, or other association, I will be given 90 days to appeal the information in the criminal or civil history. I understand to challenge the accuracy of the criminal history record, I must contact the agency which submitted the information, as directed under 28 CFR 16.30 through 16.34 and Alaska Regulation 13 AAC 68.300.

Applicant Printed Name

Date

Applicant Signature

Applicant SSN

Parent Printed Name (if applicable)

Parent Signature

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.