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. 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	E	vening		
Mailing Address:				Today's Date:			
Street & Number	City	State	Zip				
What type of employment are you seeking?	Full-time	Part-time	Temporary	Seasonal			
Position Applied For/Interested In:			Date available for	employment:			
Are you willing to travel?: 🗌 Yes 🗌 No	If yes, what percenta	ge of time?	<u>%</u> E-Mail A	ddress:			
	EDU	CATION					
Indicate Highest Grade Completed:							
High School Name:	City & St	ate:]	Diploma or GED:	Yes 🗌 No 🗌		
College Name:	ge Name: City & State: Major/Subject:						
Degree Obtained:			If No Degree (Obtained/Credits:			
College Name:	City & St	ate:	1	Major/Subject:			
Degree Obtained:							
Graduate or Professional/Technical School							
Name:	City & St	ate:	1	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 l	near about the po	sition at Eastern	If current employee, list n	name here:	

Aleutian Tribes?

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? Yes 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? Yes No
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? Yes No
Please briefly describe the duties you performed, skills used or learned	l, 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? Yes 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 N	tive Preference? Y	es 🗌 No 🗌	
Are you a member of a federally recognized	ed 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.

, understand and agree that,

Print Name

Ι, _

- 1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, such as benefits application forms, or during any interviews, can be justification for refusal of employment, or, if already employed, termination of employment.
- 2. Employment with the Eastern Aleutian Tribes (EAT) is on an "at-will" basis unless otherwise expressly agreed to in writing by the Executive Director or designee. I further understand EAT or I can terminate the employment relationship at any time with or without cause, with or without notice, and for any reason not prohibited by law. I understand that, except for the Executive Director, no supervisor, manager or executive of EAT, has any authority to alter the foregoing. Employment with Eastern Aleutian Tribes may be funded all or in part by grant awards, with specific timelines, and in addition to being "at-will", positions funded by grants may end at the end of the funding period.
- 3. Any offer of employment I may receive from EAT is contingent upon my successful completion of the company's total pre-employment screening process, which may include fingerprinting and a thorough background investigation. It may also include the company receiving satisfactory references and my successful completion of any drug testing or post offer pre-employment medical examination that EAT may require. I also agree, if employed, to submit to a medical examination that is job related and consistent with business necessity at any time at the request of EAT. If I am offered a position, I hereby consent to having the results of any pre-employment or post-employment medical exams I may be required to take disclosed to EAT.
- 4. In processing my application for employment, the company in concordance with all federal and state regulations may verify all information provided by me, or may procure or have prepared, a consumer and or investigative report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and credit record.
- 5. I understand that as a condition of employment, I may be required to undergo and successfully pass a drug test in accordance with company policies and guidelines. I also understand and agree that, if employed, I may be required to submit to a drug test at any time at the discretion of EAT. I hereby consent to have any results of any such drug test that I may be required to undergo disclosed to EAT.
- 6. I authorize and request that all of my present and former employers and those individuals that I have listed as personal or professional references furnish information about my employment record, to include but not limited to: a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. I hereby release and hold Eastern Aleutian Tribes harmless from any claim for releasing any truthful information within its knowledge and/or records, and anyone who in good faith provides information about me that they believe to be accurate and relevant to my potential employment at EAT, from civil liability for the disclosure of such information or its consequences.
- 7. I understand that only the Executive Director or designee is authorized to extend an offer of employment on behalf of Eastern Aleutian Tribes and that no other offers of employment are valid.

Applicant's Signature:	 Date:	

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 \square No \square 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 \square No \square

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 t	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 \square No \square 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 \Box No \Box 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 \square No \square 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

> 4601Business 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.

					Pers	onal Inf	ormation						
Full Legal Name:	t					*First		Λ	И.І.		Date of	/ / Birth (mm/	/dd/yyyy)
Permanent/ Physical Address:													
	*Phys	ical St	treet Ad	dress								*Apartment	t/Unit #
Mailing Address (if different	*City									*State		*ZIP Code	
than Permanent/ Physical Address):	*Mailir	ng Ade	dress									*Apartment	t/Unit #
	*City									*State		*ZIP Code	
Primary Phone:	()					Secondary Phor	ne:	()			
*Applicant's Email Address:													
*SSN (or ITN) : □ This is an ITN													
					Demog	raphic	Information						
*Race: (Asian, Black, White Native American, or Unknown) *Eye Color: (Black, Blue, Brown, Hazel, Green,						Unkn *Ha	nder: (Male, Female, own, Other) ir Color: (Black Blonde n, Grey, Sandy or Light						
Grey, Unknown)							White, Unknown)	DIOW					
*Height:			FT		IN	*We	eight:					Lbs.	
*Place of Birth (Country/State):						US	Citizen(Y/N):						
						Alia	S						
Aliases/Prior Names (inclu attach additional pages as r			nes by v	which a p	person is c	urrently k	nown as, or has pr	revio	usly g	jone by, ii	ncluding n	ick names): Please

First Name:	Middle Name:	
Last Name: Date of Birth:	SSN/ITN: This is an ITN□	
(mm/dd/yyyy)		
First Name:	Middle Name: SSN/ITN:	
Last Name:	This is an ITN	
Date of Birth:		
(mm/dd/yyyy)		

Last Name: _

DOB:

Prior	Addres	ss History
	Audica	53 1 113101 1

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. <u>Please note fees are non-refundable.</u>
- 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 <u>received by</u> 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.
- 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 the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

Applicant Signature

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.