IÑUPIAT COMMUNITY of the ARCTIC SLOPE

an IRA Regional Tribal Government

P.O Box 934 • 6986 Ahmaogak Street • Barrow, Alaska 99723
Ph.: (907)852-4227 Toll Free 1(888)788-4227 Fax: (907)852-4246

Employment Application Date:

APPLICANT INFORMATION			
Last Name		First	M.I.
Address			
City		State	ZIP
Phone		E-mail Address	
Date available to work?	Social Security#		Desired Salary?
Position Applied for			
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 worked for our organization?	YES ☐	NO ☐	If so, when?
Do you have a valid Driver's License?	YES ☐	NO ☐	License Number:
Can you travel if the job requires it?	YES ☐	NO ☐	
Do any of your friends or relatives work here?	YES ☐	NO ☐	If yes, please list
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/GED
College			Address		
From	To	Did you graduate?	YES ☐	NO ☐	Degree in progress
Other			Address		
From	To	Did you graduate?	YES ☐	NO ☐	Degree/Certificates
Degree/Certificates:					

REFERENCES	PLEASE LIST THREE REFERENCES
Full Name	Professional ☐ Personal ☐
Company Address	Phone
Full Name	Professional ☐ Personal ☐
Company Address	Phone
Full Name	Professional ☐ Personal ☐
Company Address	Phone

PREVIOUS EMPLOYMENT		
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 ☐
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 ☐

HOW WELL DO YOU SPEAK, READ AND/OR WRITE:							
Inupiaq	GOOD	FAIR	POOR	***Other***	GOOD	FAIR	POOR
SPEAK				SPEAK			
READ				READ			
WRITE				WRITE			

PLEASE LIST SKILLS:

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

EMERGENCY CONTACT INFORMATION	
Name:	Phone #:
Address:	Relationship:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize ICAS to make such investigations and inquiries of my employment, education and other related matters as may be necessary in arriving at an employment decision.

I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination.

I understand that I am required to abide by all rules and regulations of the Inupiat Community of the Arctic Slope.

Signature of applicant : Date