



St. Mary's  
P.O. Box 149 • St. Mary's, AK 99658  
Phone 907-438-2315 • Fax 907-438-2961

Anchorage  
840 K St., Ste 200 • Anchorage, AK 99501  
Phone 907-302-0750 • Fax 907-302-1725

Application for Employment

Date: \_\_\_\_\_

Personal Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Employment Desired

Position: \_\_\_\_\_ Salary Desired: \_\_\_\_\_  
Are you employed now? [ ] yes [ ] no  
May we contact your present employer? [ ] yes [ ] no  
Have you applied to SMNC before? [ ] yes [ ] no  
Date you can start: \_\_\_\_\_  
Are you available to work: [ ] full-time, [ ] part-time, [ ] temporary

Education

High School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Years attended: \_\_\_\_\_  
Did you graduate? [ ] yes [ ] no

College: \_\_\_\_\_  
Address: \_\_\_\_\_  
Years attended: \_\_\_\_\_  
Did you graduate? [ ] yes [ ] no

Trade/Business School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Years attended: \_\_\_\_\_  
Subject studied: \_\_\_\_\_  
Did you graduate? [ ] yes [ ] no

List special skills or job qualifications you would like to be considered in your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application for Employment

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**Former Employment:** list your last three employers, starting with the most recent.

From: \_\_\_\_\_ To: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Salary: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Salary: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Salary: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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**References:** list persons not related to you, whom you have known for at least one year.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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**Other Information:**

Are you a St. Mary's Native Corporation Shareholder/Descendent? [ ] yes [ ] no  
Are you a Shareholder/Descendent at any other Native Corporation? [ ] yes [ ] no If so, which one?: \_\_\_\_\_  
How did you hear about our Job Posting(s)? \_\_\_\_\_

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**Applicants Statement:**

I authorize SMNC to investigate all statements contained in this application for employment. In the event of employment, I understand that misrepresentation or omission of facts called for in my application or interview(s) is cause of dismissal. I also understand that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date