



# St. Mary's Native Corporation

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

Anchorage  
840 K Street, Suite 200 • Anchorage, AK 99501  
Phone 907-302-0750 • Fax 907-302-1725

## ST. MARY'S NATIVE CORPORATION APPLICATION FOR EMPLOYMENT

St. Mary's Native Corporation (SMNC) is an equal opportunity employer. SMNC does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

### PERSONAL INFORMATION

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Are you eligible to work in the U.S?  Yes  No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  
 Yes  No

Have you ever been terminated from employment or asked to resign by an employer?  
 Yes  No

If yes, please provide company names and details \_\_\_\_\_

Work Availability: (circle all that apply) Full-time Part-time Temporary On-call

Can you work overtime, including weekends if necessary?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?  Yes  No

### EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_ Hourly rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_



## EMPLOYMENT HISTORY CONTINUED

Employer name and address:	Position/title:
Start date:	Job duties/skills:
End date:	
Salary:       \$	Supervisor: <span style="float: right;">Phone:</span>
Reason for leaving:	

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Start date:	Job duties/skills:
End date:	
Salary:       \$	Supervisor: <span style="float: right;">Phone:</span>
Reason for leaving:	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

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## PROFESSIONAL REFERENCES

Give the names of three persons not related to you, whom you have known at least one (1) year.

Name	Address	Phone	Email	Years Known

**OTHER INFORMATION**

How did you hear about this job posting? \_\_\_\_\_

Have you ever worked for this company before? \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_

Do you know anyone who works for SMNC? \_\_\_Yes \_\_\_No

If yes, who? \_\_\_\_\_

Are you a St. Mary's Native Corporation Shareholder/Descendent? \_\_\_Yes \_\_\_No

**APPLICANT STATEMENT**

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SMNC to hire me. If I am hired, I understand that either SMNC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of SMNC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to SMNC true and complete information on this application. No requested information has been concealed. I authorize SMNC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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 \_\_\_\_\_

Date \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.**