Nenana Native Association

PO Box 369
Nenana, Ak 99760

Ph. (907)832-5461
Fax. (907)832-1077

NNA Employment Application

Application Information:

Last name: First M.I. Date:

Street Address: Apartment/unit:

City: State: ZIP:

Phone: Email:

Date available: 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 ☐

Are you a current resident of Nenana, AK? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, please explain:

Are you 18 years or older? Yes ☐ No ☐

Do you have a current Driver's License? Yes ☐ No ☐

Education:

High School: Address:

From to Did you graduate? Yes ☐ No ☐

College: Address:

From to Did you graduate? Yes ☐ No ☐ Degree:

Other: Address:

From to Did you graduate? Yes ☐ No ☐ Degree

Please list any conferences, workshops, training, certificates, etc. you've had that you believe to be helpful to the position you are applying for.

_____

_____

_____

Tribal Information

Village Corporation you belong to: _____

Regional Corporation you belong to: _____

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Please list three personal references:

Name: Occupation:

Address: Phone:

Name: Occupation:

Address: Phone:

Name: Occupation:

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 ☐

Certification of Application

I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or concealment of material fact will be sufficient ground for reject of my application, removal from the eligible list, or removal from employment.

Signature:_____ Date:_____