



APPLICATION FOR EMPLOYMENT

A. EMPLOYMENT QUESTIONNAIRE

Position Applying For: _____ Desired Salary: _____

How did you hear about us? Social Media Referral Job Site TF Website

What is your availability? (Check all that apply.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you able to perform essential functions of the position without accommodations? Yes No (If "No" please explain.)

Explain: _____

Have you previously worked for the Tebughna Foundation? Yes No Position: _____

Reason for leaving: _____

B. PERSONAL INFORMATION

Last Name First Name MI Other Last Names Used (if applicable)

Birthdate (MM/DD/YYYY) SSN (Required for Background Checks) Gender: Male Female

Mailing Address City State ZIP

Physical Address (If different from mailing address) City State ZIP

Primary Phone # Alternate Phone # Email (correspondence will be emailed here)

Do you have a current Driver's License? Yes No Driver's License #: _____ State of Issuance: _____

Are you 18 years of age or older? Yes No Are you legally able to work in the US? Yes No

Are you a current or veteran of the US Armed Forces? Yes No

Are you directly related (mother, father, sister, brother, son or daughter) to a current board member of the Tebughna Foundation? (Not Tyonek Native Corporation board members)

Yes No (if "Yes" please provide their name & relationship) Name: _____ Relationship: _____

C. EMERGENCY CONTACT

Name (Last, First, MI) Relationship

Mailing Address Phone Email

D. EDUCATION & TRAINING

Are you currently a high school student? Yes No Highest Grade Completed: _____ Some College GED

Are you currently enrolled in college degree program? Yes No Graduation Year: _____

Name of College or University Attended Years Attended: _____ From To Major Course

Do you have any special trainings, licenses, certifications, etc. that you would like to declare? Yes No (If "Yes" please list below.)



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E. EMPLOYMENT HISTORY (Please list your previous work experience.)

Current Employment Status: Working Full-Time Working Part-Time Unemployed

Employer 1 May we contact? Yes No

Company _____ Dates Employed: _____ From _____ To _____ Position/Duties _____
Mailing Address _____ Phone _____ Supervisor _____

Employer 2 May we contact? Yes No

Company _____ Dates Employed: _____ From _____ To _____ Position/Duties _____
Mailing Address _____ Phone _____ Supervisor _____

Employer 3 May we contact? Yes No

Company _____ Dates Employed: _____ From _____ To _____ Position/Duties _____
Mailing Address _____ Phone _____ Supervisor _____

F. PERSONAL REFERENCES

Reference 1

Name (Last, First, MI) _____ Relationship _____
Mailing Address _____ Phone _____ Email _____

Reference 2

Name (Last, First, MI) _____ Relationship _____
Mailing Address _____

Reference 3

Name (Last, First, MI) _____ Relationship _____
Mailing Address _____ Phone _____ Email _____

G. BACKGROUND HISTORY

Have you been convicted of a felony or misdemeanor at any time within the last 5 years? Yes No (If "Yes" please indicate below the dates, types, judgements, facts and circumstances of when the crime occurred.)

H. AUTHORIZATION

By signing this Application, I acknowledge that I have read and agree to the guidelines and terms specified below:

1. I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment placement if discovered at a later date.
2. I authorize Tebughna Foundation to investigate, without liability, all statements contained in this application including information concerning my education, employment experiences, criminal history, and all other aspects of my background relevant to my proposed employment placement.
3. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
4. I give the Tebughna Foundation permission to release, as appropriate, my comment, photo, name, address, email, and telephone number for employment or education referrals and Tebughna Foundation Publications.

THE TEBUGHNA FOUNDATION IS AN EQUAL OPPORTUNITY EMPLOYER

SIGNATURE OF APPLICANT: _____ **DATE:** _____

To submit your completed application or have any questions or comments regarding your application please contact:

Tebughna Foundation
1689 C Street, Suite 120
Anchorage, Alaska 99501
Main – 907-646-3115
info@tebughnafoundation.com

OFFICIAL USE ONLY

REMARKS:

Neatness/Character/Personality: _____ Ability: _____ Salary/Wages: _____

Interviewed By: _____
Signature Printed Name Date