



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

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: _____

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: _____

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)? _____

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