



KAKE TRIBAL CORPORATION

Physical Address: 374 Keku Road
Mailing: PO Box 263
Kake, AK 99830
Phone: (907)785-3221 Fax: 1-855-310-3488
www.kaketribalcorp.com
Also find us on Facebook

Employment Application:

Kake Tribal Corporation ___ Kake Tribal Heritage ___ Kwaan Construction ___ Kake Tourism ___
Kwaan Wireless ___ Kake Tribal Fuel ___ Intern ___ Other ___

APPLICANT INFORMATION			
LAST NAME:	FIRST NAME:	MI:	DATE:
STREET ADDRESS:		APT/UNIT #:	
CITY:	STATE:	ZIP CODE:	
PHONE:	EMAIL ADDRESS:		
DATE AVAILABLE:	SSN:	DESIRED SALARY:	
POSITION APPLYING FOR:			
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If not are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Check All Work Shifts You Are Available: Day ___ Swing ___ Evening ___			
EDUCATION AND TRAINING			
High School:		City/State:	
From:	To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
College:		City/State:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Other:		City/State:	
From:	To:	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Do you have a drivers license? <input type="checkbox"/> CDL <input type="checkbox"/> Issue State: ___ Expiration ___ / ___ / ___			
LIST OF CERTIFICATES EARNED			



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REFERENCES: LIST BUSINESS PERSONS KNOWN, BUT NOT RELATED TO YOU, OTHER THAN LISTED ON THE APPLICATION

NAME	TITLE	BUSINESS	PHONE #	YEARS KNOWN

WORK EXPERIENCE

Company:		Phone:		
Address:		Supervisor:		
Job Title:	Starting Salary	Ending Salary		

Responsibilities:

From:	To:	Reason for leaving:		
May we contact your previous supervisors for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Company:		Phone:		
Address:		Supervisor:		
Job Title:	Starting Salary \$	Ending Salary \$		

Responsibilities:

From:	To:	Reason for leaving:		
May we contact your previous supervisors for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Company:		Phone:		
Address:		Supervisor:		
Job Title:	Starting Salary	Ending Salary		

Responsibilities:

From:	To:	Reason for leaving:		
May we contact your previous supervisors for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				

DISCLAIMER AND SIGNATURE—PLEASE READ CAREFULLY BEFORE SIGNING

--I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment.

--I authorize the company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure my information concerning my skills, character, and ability.

--I understand I am required to successfully pass a drug examination. I hereby consent to a pre-and/or post-employment screening examination.

Signature		DATE	
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OFFICE USE ONLY

Copy of Resume:	Yes ___ No ___	Interview Date: ___ / ___ / ___
Copy of Cover Letter:	Yes ___ No ___	Time: ___:___ AM/PM
Application Complete:	Yes ___ No ___	Location or Teleconference:
Two Pieces of I.D. Submitted:	Yes ___ No ___	Interview Confirmed: Yes ___ No ___