IKAYUQTI INC.
PO Box 319
Unalakleet, AK 99684
PH: (907) 625-1656
FAX: (907) 615-4604
Email: assisted.living@unkira.org

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY! ATTACH RESUME AND 3 REFERENCE LETTERS WITH THIS APPLICTION!

Date of Application: _____ Position applying for: _____

Application valid for two (2) years from this date unless updated. Please initial and changes.

_____

First Name Middle Initial Last Name

_____

Address City, State Zip Code

SSN: _____ DOB: _____
Home Phone: _____ Alternate Phone: _____
Email Address: _____

Are you a US Citizen ☐YES ☐NO
If NOT, Country of Citizenship: _____

Do you have a valid Driver's License (or CDL) ☐YES ☐NO
Driver's license or CDL number with registered state: _____

Have you ever filed an application with Ikayuqti Inc. before: ☐YES ☐NO
Estimated date: _____

Have you ever been employed with Ikayuqti Inc. before: ☐YES ☐NO
Date and previous position: _____

Date available to start work: _____

☐FULL TIME ☐PART TIME ☐SHIFT WORK ☐TEMPORARY
Check all that apply

Are you currently laid off or subject to recall: _____ Date: _____
Are you willing to travel if the job requires it: ☐YES ☐NO

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Have you been convicted of any crimes, depending on severity this does not diminish your chances of being hired: ☐YES ☐NO

If YES, please explain: _____

_____

_____

_____

HIGH SCHOOL EDUCATION

High School Diploma: ☐YES ☐NO ☐N/A
GED Diploma: ☐YES ☐NO ☐N/A
If NOT, last grade completed: _____
Name and location of last school attended: _____

COLLEGE/UNIVERSITY

Please provide accurate information and attach a copy of transcripts or certificates

Name/Address/Location & Phone Number	Dates Attended Month/Year	Credits Earned	Graduated? Degree/Year	Major/Degree/ Certificate Earned

VOCATIONAL TRAINING

Name/Address/Location & Phone Number	Dates Attended Month/Year	Course of Study	Certificate/Credits

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Please list any other professional licenses or registration:

_____

_____

_____

Summarize special skills and qualifications acquired from employment and other experience:

_____

_____

_____

EMPLOYMENT HISTORY

Start with your present/recent employer. This information must be complete and accurate. Use another sheet if necessary.

Employer: _____
Start Date: _____ End Date: _____
Employer Address: _____
Contact Phone: _____
Starting pay: _____ Ending Pay: _____
Job Title: _____
Supervisor: _____
Reason for leaving: _____
Work duties: _____

_____

_____

_____

_____

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EMPLOYMENT REFERENCES

List three (3) references not related to you:

Name: _____
Address: _____
Contact number & email: _____

Name: _____
Address: _____
Contact number & email: _____

Name: _____
Address: _____
Contact number & email: _____

EMERGENCY CONTACTS, IF ONE SHOULD ARISE DURING EMPLOYMENT

Name: _____
Address: _____
Contact number: _____ Relationship: _____

Name: _____
Address: _____
Contact number: _____ Relationship: _____

Name: _____
Address: _____
Contact number: _____ Relationship: _____

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APPLICANT DATA RECORD

Qualified applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap. As employers, government contractors, we comply with government regulations, and affirmative action responsibilities. Solely, to help us comply with government record keeping, reporting, or other legal requirements, please fill out data record. This data is for periodic government reporting and will be kept in a confidential file separate from the application of employment.

Name: _____ Position applied for: _____
Address: _____
Phone number: _____

Per page 37 and 38 of the Ikayuqti Inc. Policies & Procedures: Ikayuqti Inc. prohibits all firearms, smoking, and alcohol or drugs within the facility. Designated smoking areas will be marked outside of the facility. Ikayuqti Inc. maintains the right to conduct alcohol and/or drug tests at random, as necessary, to determine that this policy is NOT violated. All employees are subject to random alcohol/drug testing and must complete a background check prior to employment. If an employee comes to work intoxicated, immediate dismissal and termination of employment will and can be given.

I certify that the information I provided is true and complete to the best of my knowledge and belief. I have read and understood the Ikayuqti Inc. firearm, smoking, alcohol and/or drug testing policy.

_____ _____
Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position applied for is open: _____

Position considered for: _____ Date: _____

NATIVE PREFERENCE PER PUBLIC LAW 93-68

Application may be updated twice before a new one needs to be filled out. Thank you!

UPDATED: _____ INITIALS: _____
UPDATED: _____ INITIALS: _____