



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska

EMPLOYMENT APPLICATION

Dear applicant,

Thank you for considering a career with the Central Council Tlingit and Haida Indian Tribes of Alaska (CCTHITA). We offer a professional work environment, competitive salaries, and a good benefits package. When possible we allow applicants to substitute additional qualifying formal education for experience, or additional qualifying experience for formal education on a year-for-year full-time equivalency basis.

All external vacancies announcements and corresponding position descriptions are published on our website at www.ccthita.org. We encourage you to visit the site regularly. If you have additional questions please contact the Human Resources Department listed below.

To be considered an applicant for a position, CCTHITA requires a complete CCTHITA employment application and cover letter for each position of interest submitted during the published recruitment period.

The quality of your application will be factored into our hiring decision. Therefore, please take time to ensure that you have completed the entire application, attached a cover letter that summarizes your qualifications, and included any attachments. Incomplete applications may be disqualified in accordance with our policy: Including fields that are left blank, illegible handwriting, and the reference “see resume” as a substitute for the work history section.

Conditions of employment:

- All employment at CCTHITA is “at will”. This means that the employee or CCTHITA may terminate employment at any time and for any reason.
- CCTHITA is a no tolerance workplace. All employees must receive a negative test result on the pre-employment and random drug and alcohol screening to be eligible for and maintain employment.
- CCTHITA requires a criminal background check for the safety of our clients. All employment offers are conditional until CCTHITA has received a Federal criminal background check verifying eligibility to work.

We hope to receive your complete employment application and cover letter soon.

SUBMIT TO:



CENTRAL COUNCIL
Tlingit & Haida Indian Tribes of Alaska
Human Resources Department
320 W. Willoughby Ave., Suite 300
Juneau, Alaska 99801
(907) 586-1432 | (800) 344-1432 ext. 7106

EMPLOYMENT APPLICATION INSTRUCTIONS

The following instructions and definitions are provided to help you fill out your employment application correctly. **PLEASE READ THEM BEFORE YOU START.** This will prevent mistakes that could slow down the processing of your application.

If you do not follow these instructions or fill out all parts of the employment application it will result in a lower screening score and/or disqualification from the applicant pool.

Instruction and definitions match the boxed on the application form. Some boxes are self-explanatory.

1. **APPLYING FOR** Enter the official **position title** in box #1. Official titles and position descriptions are included in all recruitment announcements. Employment applications are only accepted during published recruitment time periods.
2. **SOCIAL SECURITY NUMBER** Your social security number is used only to identify you from other applicants. If you do not wish to give us your social security number, we will assign an identification number to you that you will need to use on all future applications and correspondence.
3. **ALASKA RESIDENT** Alaska residence for purposes of employment preference shall be established when a person is domiciled in the State of Alaska. Domicile is defined as the true and permanent home of a person, from which he/she has no present intention of moving and to which he/she intends to return whenever away.
- 5-7 **NAME/ MAILING ADDRESS/ TELEPHONE NUMBER** If any of this information changes after you turn in your application BE SURE to let the CCTHITA Human Resources know in writing.
12. **CONVICTIONS** If you marked "yes" to either box and do not attach an explanation, processing of your application will be delayed until an explanation is received. A conviction is not absolute grounds for disqualification. The number, nature, how recent, and will be evaluated in reviewing the application.
13. **CASUAL EMPLOYMENT** The CCTHITA is continuously recruiting for "casual" or temporary on-call positions. Please check any of these boxes if you would like to be considered for a temporary position. Temporary appointments will not exceed 90 days.
21. **WORK HISTORY**
 - A. It is your responsibility to demonstrate possession of the minimum qualifications (MQs) by stating what specific education and/or experience meet this requirement. MQs are listed on the published position descriptions. **If you do not qualify STOP, do not apply.**
 - B. Start with your present or most recent job and work back. Include full-time and part-time paid and volunteer (unpaid) work, military experience, and summer jobs. Full-time is considered 37.5 hours per week or greater. If you worked less, you worked part-time. Please specify the number of hours worked per week. Give accurate and complete information about the duties and responsibilities you had in each job including the percentage of time spent on each duty or responsibility. If you supervised anyone, explain who they were (typist, technician, etc.) and describe what kind of supervisor duties you had (direct the work, hire, promote, fire, etc.) Incomplete answers may cause your application to be rejected or given a low score. A complete description of your duties is essential. Use separate sheets of paper if necessary.
Writing "See Resume" is not acceptable and may result in the disqualification of your application.

15. VETERANS' PREFERENCE CLAIM

The CCTHITA provides that veterans receive preference for open competitive hiring in the classified service. Veterans' preference points are added to passing scores only. You must provide a copy of your DD214 form or verification from the US Department of Veterans Affairs along with this application to receive veterans preference points.

Five (5) veterans' preference points are awarded if one of the following conditions is met:

You have completed 181 days or more of active duty (other than for training purposes) in the United States Armed Forces during war periods: April 6, 1917 to December 1, 1919; September 16, 1940 to December 31, 1947; June 27, 1950 to October 14, 1976, and you were discharged under honorable conditions; **OR** you were honorably discharged from active service in the United State Armed Forces after serving at least 181 days during any period and were awarded a campaign badge or expedition medal, or the Purple Heart or other decoration for heroism or gallantry in action; **OR** Yes No

Five (5) veterans' preference points are awarded if:

You are entitled to compensation under laws administer by the United States Veterans Administration; you were honorably discharged or released from active duty because of a service connected disability; or you were a prisoner of war during a declared war or other conflict as determined by the Department of Defense under federal regulations. Yes No

| | | | | |
|----------------|--------------|-----------------|-------------------|-------------------|
| Service Branch | Date Entered | Date Discharged | Rank at Discharge | Type of Discharge |
|----------------|--------------|-----------------|-------------------|-------------------|

16. LIST RELATIVES EMPLOYED BY THE CCTHITA

| | | |
|------|--------------|------------|
| Name | Relationship | Department |
| Name | Relationship | Department |

17. LIST CURRENT PROFESSIONAL LICENSES, CERTIFICATES, REGISTRATIONS

| | |
|-------|---------------|
| Title | Date Obtained |
| Title | Date Obtained |

EDUCATION

18. Do you have a high school diploma or GED Certificate? Yes No **Date Received** ____

19.A COLLEGE, UNIVERSITY, GRADUATE SCHOOL

| Name and Location of School | Dates Attended | Put "G" if Graduate Credit | | | Major or Subjects Taken | Degree Type and Year (Attach copy of Degree) | |
|-----------------------------|----------------|----------------------------|------------|-------|-------------------------|---|--|
| | | #Qtr. Hrs. | #Sem. Hrs. | Other | | | |
| | FROM: TO: | | | | | | |
| | FROM: TO: | | | | | | |
| | FROM: TO: | | | | | | |

19.B OTHER EDUCATION/TRAINING (vocational, technical or other)

| Name and Location of School | Kind of School | Dates Attended | Course Completed | Subjects Taken | Date Awarded | |
|-----------------------------|----------------|----------------|--|----------------|--------------|--------|
| | | | | | Cert. | Degree |
| | | FROM: TO: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | FROM: TO: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

If minimum qualifications require education, transcripts or copies must be attached.

20. TYPING CERTIFICATION

I can type at a net speed of at least ____ words per minute. I understand that if I cannot type at this speed, I may be removed from an eligible list or from my job.

21. MINIMUM QUALIFICATIONS AND WORK HISTORY

STOP: Read Instructions First!

21A. Summarize your work experience and/or education that meet the minimum qualifications for this job. Please include current computer training and skills. If you do not qualify, do not apply. Be specific. **DO NOT WRITE SEE RESUME**

Education:

Experience: (Identify employment dates)

Substitutions: (Identify the work or education that meets substitution requirements)

Total years/months of qualifying education: ___ years ___ months. Credit hours: ___ semester hrs. ___ quarter hrs.

Total years/months of qualifying experience: ___ years ___ months.

21B. DETAILED WORK HISTORY:

Please start with most recent work history first and include all prior work history with the CCTHITA regardless of relevance to position you are applying for.

| | | |
|--|--|--|
| EMPLOYER | KIND OF BUSINESS | ENDING DATE _____ Month/Day/Year |
| ADDRESS | YOUR TITLE | STARTING DATE _____ Month/Day/Year |
| SUPERVISOR'S NAME, TITLE, AND TELEPHONE | | TOTAL TIME _____ Month/Day/Year |
| If you supervised employees, indicate your responsibility by checking the appropriate box(es): | | AVERAGE HOURS WORKED PER WEEK: ___ |
| <input type="checkbox"/> Hired or recommended hiring | <input type="checkbox"/> Assigned and reviewed work | |
| <input type="checkbox"/> Completed performance Evaluations | <input type="checkbox"/> Handled disciplinary problems | |
| Indicate number of employees and job types supervised: | | |
| Percentage of time spent supervising: | | Hourly Rate/Salary _____ |
| DUTIES (Be specific) | | Reason for Leaving _____ |

WORK HISTORY

| | | |
|--|------------------|--|
| EMPLOYER | KIND OF BUSINESS | ENDING DATE _____ / _____ / _____ Month/Day/Year |
| ADDRESS | YOUR TITLE | STARTING DATE _____ / _____ / _____ Month/Day/Year |
| SUPERVISOR'S NAME, TITLE, AND TELEPHONE | | TOTAL TIME _____ / _____ / _____ Month/Day/Year |
| If you supervised employees, indicate your responsibility by checking the appropriate box(es): <input type="checkbox"/> Hired or recommended hiring <input type="checkbox"/> Assigned and reviewed work <input type="checkbox"/> Rated work performance <input type="checkbox"/> Handled disciplinary problems | | AVERAGE HOURS WORKED PER WEEK: ____ |
| Indicate number of employees and job types supervised: | | Hourly Rate/Salary _____ |
| Percentage of time spent supervising: | | |
| DUTIES (Be specific) | | |

| | | |
|--|------------------|--|
| EMPLOYER | KIND OF BUSINESS | ENDING DATE _____ / _____ / _____ Month/Day/Year |
| ADDRESS | YOUR TITLE | STARTING DATE _____ / _____ / _____ Month/Day/Year |
| SUPERVISOR'S NAME, TITLE, AND TELEPHONE | | TOTAL TIME _____ / _____ / _____ Month/Day/Year |
| If you supervised employees, indicate your responsibility by checking the appropriate box(es): <input type="checkbox"/> Hired or recommended hiring <input type="checkbox"/> Assigned and reviewed work <input type="checkbox"/> Rated work performance <input type="checkbox"/> Handled disciplinary problems | | AVERAGE HOURS WORKED PER WEEK: ____ |
| Indicate number of employees and job types supervised: | | Hourly Rate/Salary _____ |
| Percentage of time spent supervising: | | |
| DUTIES (Be specific) | | |

| | | |
|--|------------------|---|
| EMPLOYER | KIND OF BUSINESS | ENDING DATE ____/____/____ Month/Day/Year |
| ADDRESS | YOUR TITLE | STARTING DATE ____/____/____ Month/Day/Year |
| SUPERVISOR'S NAME, TITLE, AND TELEPHONE | | TOTAL TIME ____/____/____ Month/Day/Year |
| If you supervised employees, indicate your responsibility by checking the appropriate box(es): <input type="checkbox"/> Hired or recommended hiring <input type="checkbox"/> Assigned and reviewed work <input type="checkbox"/> Rated work performance <input type="checkbox"/> Handled disciplinary problems | | AVERAGE HOURS WORKED PER WEEK: ____ |
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| Percentage of time spent supervising: | | |
| DUTIES (Be specific) | | |
| | | Reason for Leaving _____ |

| | | |
|--|------------------|---|
| EMPLOYER | KIND OF BUSINESS | ENDING DATE ____/____/____ Month/Day/Year |
| ADDRESS | YOUR TITLE | STARTING DATE ____/____/____ Month/Day/Year |
| SUPERVISOR'S NAME, TITLE, AND TELEPHONE | | TOTAL TIME ____/____/____ Month/Day/Year |
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| Indicate number of employees and job types supervised: | | Hourly Rate/Salary _____ |
| Percentage of time spent supervising: | | |
| DUTIES (Be specific) | | |
| | | Reason for Leaving _____ |

| | | |
|--|------------------|---|
| EMPLOYER | KIND OF BUSINESS | ENDING DATE ____/____/____ Month/Day/Year |
| ADDRESS | YOUR TITLE | STARTING DATE ____/____/____ Month/Day/Year |
| SUPERVISOR'S NAME, TITLE, AND TELEPHONE | | TOTAL TIME ____/____/____ Month/Day/Year |
| If you supervised employees, indicate your responsibility by checking the appropriate box(es): <input type="checkbox"/> Hired or recommended hiring <input type="checkbox"/> Assigned and reviewed work <input type="checkbox"/> Rated work performance <input type="checkbox"/> Handled disciplinary problems | | AVERAGE HOURS WORKED PER WEEK: __: |
| Indicate number of employees and job types supervised: | | |
| Percentage of time spent supervising: | | |
| DUTIES (Be specific) | | Hourly Rate/Salary _____ |
| | | Reason for Leaving _____ |
| EMPLOYER | KIND OF BUSINESS | ENDING DATE ____/____/____ Month/Day/Year |
| ADDRESS | YOUR TITLE | STARTING DATE ____/____/____ Month/Day/Year |
| SUPERVISOR'S NAME, TITLE, AND TELEPHONE | | TOTAL TIME ____/____/____ Month/Day/Year |
| If you supervised employees, indicate your responsibility by checking the appropriate box(es): <input type="checkbox"/> Hired or recommended hiring <input type="checkbox"/> Assigned and reviewed work <input type="checkbox"/> Rated work performance <input type="checkbox"/> Handled disciplinary problems | | AVERAGE HOURS WORKED PER WEEK: __ |
| Indicate number of employees and job types supervised: | | |
| Percentage of time spent supervising: | | |
| DUTIES (Be specific) | | Hourly Rate/Salary _____ |
| | | Reason for Leaving _____ |

Ethnic and Tribal Information

TO ALL APPLICANTS:

The Information requested on this page is required for you to receive native preference for the position you are applying for.

| | | | | |
|-------|------|-------|-----|--|
| NAME: | LAST | FIRST | M.I | SOCIAL SECURITY NUMBER (not mandatory) |
|-------|------|-------|-----|--|

You must be able to provide proof of your Alaska Native or American Indian ancestry to qualify for native preference. You must provide either (check appropriate box):

Federally recognized Tribe _____ enrollment number _____
(name)

Bureau of Indian Affairs Certificate of Indian Blood. Certificate number _____

If you are not of Alaska Native or American Indian ancestry please indicate your race/ethnicity:
(it is not mandatory that you provide this information)

RACE AND ETHNICITY INFORMATION

- Asian or Pacific Islander
- African-American
- Hispanic
- Caucasian