

# Shee Atiká, Incorporated

315 Lincoln Street, Suite 300  
 Sitka, AK 99835  
 www.sheatika.com

## EMPLOYMENT APPLICATION

*Equal access to programs, services, and employment is available to all persons without regard to race, religion, sex, age, national origin, color, disability, veteran status, or any other status or classification protected by applicable state or federal law. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Shee Atiká, Incorporated. Please be aware that Shee Atiká, Incorporated provides hiring preference to its qualified shareholders.*

\_\_\_\_\_ #

**Please Print**

Position Applied For		Date of Application		Social Security Number	
Last Name		First Name		Middle Initial	Maiden/Nickname/Other Name
Address		City		State	ZIP
Home Phone		Work Phone & Extension (if any)		Former Employee of Shee Atika, Inc. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Available for following positions: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>			
Are you willing to accept employment and travel to the following locations in Alaska: <input type="checkbox"/> Any area of the state <input type="checkbox"/> Interior <input type="checkbox"/> Northern <input type="checkbox"/> Southcentral <input type="checkbox"/> Southeast <input type="checkbox"/> Home town only					
I understand a job could last 3 to 5 months or more during the season. I am willing to work until the job is completed. <input type="checkbox"/> Yes <input type="checkbox"/> No					
I am willing to stay away from home for (how long?):					
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>		In case of emergency, please notify: Name _____ Address _____ Phone _____			
Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, verification will be required)		I will be able to report to work _____ days after being notified that I am hired.			

**Employment Experience: List last employment first. Include summer or temporary jobs. Be sure all your experience or employer related to this job are listed here, or use an extra sheet of paper if necessary.**

<b>Name and Address of Employer</b>	Dates Employed From: _____ To: _____	Average Hours per Week	Number of employees you supervised:
	Salary or Earnings Starting \$ _____ Per _____ Ending \$ _____ Per _____	Reason for leaving	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Supervisor's Name, Title and Phone		Your Position Title
Summarize the type of work performed and job responsibilities:			

**Employment Experience continued**

<b>Name and Address of Employer</b>	Dates Employed From:            To:	Average Hours per Week	Number of employees you supervised:
	Salary or Earnings Starting \$        Per Ending \$        Per	Reason for leaving	
	Supervisor's Name, Title and Phone	Your Position Title	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities:			
<b>Name and Address of Employer</b>	Dates Employed From:            To:	Average Hours per Week	Number of employees you supervised:
	Salary or Earnings Starting \$        Per Ending \$        Per	Reason for leaving	
	Supervisor's Name, Title and Phone	Your Position Title	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Summarize the type of work performed and job responsibilities:			

**References:**

Please list five (5) professional and two (2) persons not related to you.

Name	Years Known	Type	Relationship	Telephone Number

**Education:**

School	Years	G.P.A.	Graduated	Year	Degree	Course of Study

**Training History:**

Completion Date	Course	Description	Certified Yes or No	Expiration Date	Credit	CEU

**Additional Information**

I am skilled in operating the following office equipment and/or software programs (check all that apply). Indicate level of skill by marking **L** (limited), **I** (intermediate), or **A** (advanced) behind the program:

- |                                     |                                     |                                       |  |  |
|-------------------------------------|-------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> PC         | <input type="checkbox"/> QuickBooks | <input type="checkbox"/> Typewriter   | <input type="checkbox"/> Postage Machine   | Typing speed                           |
| <input type="checkbox"/> MS Office  | <input type="checkbox"/> MS Access  | <input type="checkbox"/> Fax Machine  | <input type="checkbox"/> 10-Key Calculator | _____wpm                               |
| <input type="checkbox"/> MS Windows | <input type="checkbox"/> MS Excel   | <input type="checkbox"/> Copy Machine | <input type="checkbox"/> MAS90             | <input type="checkbox"/> Other (list): |

I have experience in the following areas:

- |   |  |
|---|--|
| <input type="checkbox"/> Accounts Payable     | <input type="checkbox"/> Data Base (manipulating data) |
| <input type="checkbox"/> Accounts Receivable  | <input type="checkbox"/> Writing Skills                |
| <input type="checkbox"/> Ledger entry         | <input type="checkbox"/> Telephone Systems             |
| <input type="checkbox"/> Bank reconciliation  | <input type="checkbox"/> Supervisory Skills            |
| <input type="checkbox"/> Preparing Invoices   | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Preparing Statements | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Handling Cash        | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Audit preparation    |  |
| <input type="checkbox"/> Check writing        |  |

I have a valid (check all that apply):

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Alaska Driver's License     | <input type="checkbox"/> CPR Card                | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Commercial Driver's License | <input type="checkbox"/> EMT I or II Certificate | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Current First Aid Card      | <input type="checkbox"/> ETT Certificate         | <input type="checkbox"/> Other _____ |

Have you ever been convicted of a felony? Yes  No

Have you been convicted of a misdemeanor within the past 5 years? Yes  No

If yes to one or both of the above questions, you must explain on a separate sheet of paper and attach it to this application. If felony, include a copy of your judgment. A conviction record is not absolute grounds for disqualification. The number, nature, timing, and relationship to the job applied for will be evaluated in reviewing this application.

Do you have relative who works for Shee Atiká, Inc., or any other subsidiary? Yes  No

If yes, please list them: \_\_\_\_\_

Do you know anyone, other than a relative, who works for Shee Atiká, Inc., or any other subsidiary? Yes  No

If yes, please list them: \_\_\_\_\_

I would like to be considered for employment with (may check one or more):

- Shee Atiká, Inc.       Totem Square Inn       Other \_\_\_\_\_       Other \_\_\_\_\_

### CERTIFICATE OF APPLICANT

I hereby certify that all information made on, or in connection with, this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from the eligible list, or removal from employment.

**Signature (use ink)** \_\_\_\_\_      **Date** \_\_\_\_\_

**VOLUNTARY AFFIRMATIVE ACTION STATISTICAL INFORMATION**

*Our company asks that all applicants and employees fill out this form, but it is not required to obtain employment and it will not subject the applicant or employee to any adverse treatment. It is necessary to record this information in order to comply with federal, state, and local fair employment practice laws. This information will be kept confidential and maintained separately from your application form. It will be used only in accordance with federal requirements. Subject to the Shee Atiká, Incorporated shareholder hire policy, all qualified applicants and employees will receive consideration for employment opportunities without regard to race, color, religion, national origin, sex, age, physical handicap, veteran or marital status, pregnancy, or parenthood. Inquiries concerning the application of federal, state, and/or local regulations and this requested information may be directed to this office.*

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Initial)

Other names previously worked under: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Position(s) applied for or currently held: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Female  Male

Please check the appropriate spaces:

- Alaska Native  American Indian  Asian  Black
- Caucasian  Hispanic  Other \_\_\_\_\_

Indicate Veteran status, if applicable:

- Persian Gulf Era Veteran (August 2, 1990-February 28, 1991)  Disabled Persian Gulf Era Veteran
- Veteran  Disabled Veteran

Please check one of the following:  Disability  No Disability

*Thank you for your assistance with our EEO reporting requirements.*

**SHAREHOLDER INFORMATION**

I am a Shee Atiká, Incorporated shareholder:  Yes  No

I am a direct relative of a Shee Atiká, Incorporated shareholder:  Yes  No

If yes, who is your relative: \_\_\_\_\_

I am a resident of Sitka:  Yes  No

I am a Native shareholder of \_\_\_\_\_ Corporation.