APPLICATION FOR EMPLOYMENT

Katmai
Human Resources
701 E Tudor Rd., Ste 215
Anchorage, AK 99503
P:907-333-7000 F:907-565-2263

Katmai Government Services, LLC and its Subsidiaries

Applicants are invited to request any necessary accommodations during the application, testing or interview process.
Please submit one application per position.

Please print clearly and fill out application completely. Do not use "see resume". Ask for an explanation of any questions you do not understand. Incomplete applications will not be accepted.

General Information

Last Name:	First Name:	Middle Name:
Home Phone Number:	Cell Phone Number:	Message Phone Number:

E-mail Address:	Other names used (if any):

Mailing Address:	City:	State:	Zip:

Are you a U.S. Citizen? ☐ Yes ☐ No

If "No" do you have the legal right to live and work in the United States? ☐ Yes ☐ No

Not all non-U.S. citizens are disqualified from employment as long as you are eligible to work in the United States. However, there are locations where the Federal Government mandates U.S. citizenship.

VISA Type:	Number:	Expiration Date:

Are you over the age of 18? (Work permit may be required if under 18) ☐ Yes ☐ No

Relevant Information

Have you been employed by any Katmai organization(s)? ☐ Yes ☐ No

If "Yes" which companies? Dates:

Job title applying for:	☐ Full Time Position ☐ Part Time Position	Department:

How did you learn of the opening?

☐ Current Employee ☐ Recruiting Agency ☐ Newspaper ☐ Website ☐ State Agency ☐ Other

Referred by (Name):	Phone Number:

Are you a Ouzinkie Shareholder? ☐ Yes ☐ No Legal Spouse of a Shareholder? ☐ Yes ☐ No Descendent of a Shareholder? ☐ Yes ☐ No

Other Alaska Native? ☐ Yes ☐ No If "Yes", to what Native Corporation do you belong?

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Employment Information

From (month/year):	To (month/year):	Employer:	Type of Business:

Street Address	City:	State:	Zip:

Department:	Your Position:	Supervisor:	Supervisor Phone Number:	Final Salary:

Job Duties:

Reason for Leaving:

From (month/year):	To (month/year):	Employer:	Type of Business:

Street Address	City:	State:	Zip:

Department:	Your Position:	Supervisor:	Supervisor Phone Number:	Final Salary:

Job Duties:

Reason for Leaving:

From (month/year):	To (month/year):	Employer:	Type of Business:

Street Address	City:	State:	Zip:

Department:	Your Position:	Supervisor:	Supervisor Phone Number:	Final Salary:

Job Duties:

Reason for Leaving:

From (month/year):	To (month/year):	Employer:	Type of Business:

Street Address	City:	State:	Zip:

Department:	Your Position:	Supervisor:	Supervisor Phone Number:	Final Salary:

Job Duties:

Reason for Leaving:

Education / Professional Activity

Name of School, College, University or Trade/Technical School:	City/State:	Mark Last Year Completed:	Degree/Subjects: Credit Hours:
		◯ 1 ◯ 2 ◯ 3 ◯ 4	
		◯ 1 ◯ 2 ◯ 3 ◯ 4	
		◯ 1 ◯ 2 ◯ 3 ◯ 4	

Licenses / Certifications / Registrations

Type of License(s):	State:	Registration Number:	Expiration Date:	Any Restrications?

Other Employment Information

Summarize other relevant experience or skills, and list languages in which you are fluent (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age disability, marital status, veteran status, or any other protected status):

List computer programs you are familiar with, and your level of proficiency (beginner, intermediate, advanced):

Have you ever been fired, discharged or asked to resign from any position? ☐ Yes ☐ No

If "Yes", explain from what organization and reason:

Employment Eligibility Information

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

A conviction record will not necessarily bar you from employment. Nature of / reason for / and time elapsed since conviction will be reviewed in light of the duties of the position sought. This includes but not limited to driving offenses, speeding, reckless driving, DUI, etc.

If "Yes", please give date, nature of offense and explain circumstance. Include a copy of your judgement, as soon as possible to be considered.

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Applicant Certification

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that I am not required to pay any third party in order to work for Katmai Government Services LLC., and it's subsidiaries (Katmai) and also understand that Katmai strictly prohibits any third party to demand or accept any form of payment for persons recruited on behalf of Katmai. I represent that I have not made any payment, finders fees, kickback, consideration, or furnished anything of value to an agent, broker, recruiter, or other third-party in order to obtain employment with Katmai. I also agree to never make this type of payment in the future.

Katmai and the Government reserve the right to require the immediate removal of any employee from the job site who endanger persons or property, or whose continued employment is inconsistent with the interest of military security. In addition, any employee found to be under the influence of alcohol, drugs or any other incapacitating agent or any employee involved in the theft of company and/or Government property, or involved in a physical act of violence will be immediately removed.

Role Players are considered Temporary employees and I understand that I will be required to adhere to all Katmai policies and practices. In addition, I will not be entitled to participate in the company's health or retirement benefits and my employment is not based on any specified length of time. However, I may be entitled to applicable fringe benefits under the Service Contract Act (SCA) wage determination.

Katmai is an equal opportunity and affirmative action employer. Applicants are considered in accordance with applicable laws prohibiting discrimination on the basis of race, creed, color, religion, national origin, age, sex, marital status, disability, parenthood, or any protected class according to federal, state, or local laws.

I understand that my employment shall be contingent upon proof of identify and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon successful completion of the employment process which may include, but is not limited to, a reference and credit check, criminal background check and completion of a health evaluation form. If hired, I agree to submit to alcohol or drug testing as a condition of employment. I agree that Katmai may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

I consent to and authorize Katmai to request any information concerning my previous employment, educational history, character, and background information. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such information.

I understand I may be required to obtain and maintain a security clearance depending on the position.

If I am employed by Katmai, I agree to conform to the standards of conduct, performance and policies of this organization. Nothing contained in this employment application is intended to create an employment contract between Katmai and myself. I also understand that if I am hired, my employment is "at will" and that either myself or Katmai may terminated my employment at any time, with or without cause, except for that which is specifically prohibited by federal, state or local laws.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery and that the information in this application may be released in an authorized legal investigation. For the purpose of the certification, a photocopy of my original signature shall have the same force and effect as my original signature.

I acknowledge that I have read and understand the above statements and herby grant permission to confirm the information supplied on this application by me.

Printed Name of Applicant

Signature of Applicant

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Pre-Offer Invitation to Self-Identify

Full (Legal) Name:

Position Applied for:

Katmai Government Services, LLC and its subsidiaries (Katmai) is an **Equal Opportunity Employer**. Katmai does not discriminate on thebasis of race, religion, color, sex, age, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Katmai is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Katmai invites applicants to **voluntarily** self-identify their race or ethnicity. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

☐ I wish to not self-identify. (if you check this box, you may skip to the signature line at the bottom of this form.)

Race/Ethnic Group

☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino)** - A person who identifies with more than one of the above five races.

Gender: Male ☐ Female ☐

*** Alaska Native Only**

Certificate of Indian Blood (CIB) card? (Please provide a copy) ☐ Yes ☐ No	Number:	
Shareholder of Native Corporation? (Please provide a letter of enrollment) ☐ Yes ☐ No	If yes, which corporation(s)	Which village are you from?

Text Field

By your signature, please confirm that the information provided above is true and correct:

Signature:	Today's Date:

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.