

Chignik Lagoon Village Council

P.O. Box 9

Chignik Lagoon, AK 99565

(907)840-2281

Employment Application

Full Name: _____

Social Security Number: _____ D.O.B. _____

Mailing Address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Position Applying for: _____

Date Available for Hire: _____

Skills: _____

Certificates: _____

High School Diploma or Equivalence: Yes _____ No _____

College: Yes _____ No _____ Years _____

Employment History

Employer: _____

Address: _____

Phone: _____

Position Held: _____

Employer: _____

Address: _____

Phone: _____

Position Held: _____

Employer: _____

Address: _____

Phone: _____

Position Held: _____

Employer: _____

Address: _____

Phone: _____

Position Held: _____

Certification

I, _____, verify that all the information is true and correct to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____