TIKIGAQ
POINT HOPE, ALASKA

Employment Application

All qualified applicants will be considered regardless of race, religion, ethnicity, age, sex, marital status, nationality, veteran status or disability. In completing this application, please exclude all information related to these factors and answer all questions to the best of your ability. Items that do not apply should be marked "NA" in the appropriate blank. Information contained herein will be kept in strict confidence.

---Please Print---

Home Telephone: _____

Message Telephone: _____

Date of Application_____

Email Address**: _____**

General Information

Name _____   _____
       Last   First   Middle   Social Security Number

Present
Address _____
                                    City   State   Zip Code

Permanent
Address _____
                                    City   State   Zip Code

Additional Information

Do you have a valid Driver's License? ☐ Yes ☐ No   Do you have the legal right to work in the U.S.? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No (If under 18, hire is subject to verification that you are of minimum legal age)

Are you a Shareholder of an Alaska Native Corporation or spouse of a Shareholder? ☐ Yes ☐ No

Are you an Alaskan resident? ☐ Yes ☐ No

Are you a resident of Point Hope or from Northwest Alaska? ☐ Yes ☐ No

Are you willing to work a rotational schedule at a remote site? ☐ Yes ☐ No (e.g. 2 weeks on-site and 1 week off-site or 4 weeks on-site and 2 weeks off-site)   If required, can you work day, afternoon, or night shifts? ☐ Yes ☐ No

Position Applying for? _____

Date available to begin employment: _____ How did you hear about Tikigaq Corporation?_____

_____

Education

Have you earned a high school diploma or GED? ☐ Yes ☐ No If so, where? _____				
Secondary Education: College, University, Vocational Etc.	Location	Years Attended	Diploma, Degree or Certificate Earned	Major Field of Study
Name of institution				
Name of institution				
Name of institution				

Other

Have you ever been convicted of a crime? ☐ Yes ☐ No   If yes, please explain below.

_____

_____

_____

Have you ever worked with Tikigaq Corporation or a subsidiary previously? ☐ Yes ☐ No   If yes, please list your supervisor below.

_____

_____

_____

List any other skills, qualifications, or experience related to the position you are applying for. For example 'can operate this type of equipment' (specify type) and/or special tools. Typing speed, computers, software, etc.

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Employment History

Date Employed	Company Name, Type of Business Address and Telephone Number	Title and Duties	Immediate Supervisor	Reason for Leaving
From: To:				
From: To:				
From: To:				

May we contact your present employer?   ☐ Yes ☐ No

Professional References List 3 professional references that we may contact. Exclude relatives.

Name	Address	Number of Years Known	Telephone Number
			Home: Business:
			Home: Business
			Home: Business:

Please provide additional information that you consider would complete the picture of your background and qualifications:

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I hereby authorize TIKIGAQ Corporation to thoroughly investigate my background. I release and hold harmless, and promise not to claim damages from anyone providing or securing information. I understand that any misrepresentation or omission in this application will be sufficient cause for cancellation of the application and/or termination of employment if I have been hired.

I understand that any offer of employment will be contingent upon participation in required employee benefit programs.

I understand that nothing in this employment application, in the Company's policy statements or personnel guidelines, or in my communications with any Company official is intended to create an employment contract between the Company and me. I also understand that unless stated in the job offer letter for which I may be hired, and an agreement is made on those terms, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice.

Applicant's Signature _____   Date _____

Attn: Human Resource Department

Revised 3/02/2020