

WRANGELL COOPERATIVE ASSOCIATION

P.O. Box 2021 • Wrangell, Alaska 99929

Telephone: (907) 874-4304

Fax: (907) 874-4305

Email: wcatrbe@gmail.com

EMPLOYMENT APPLICATION

APPLYING FOR (Use Official Job Title Only)	Date Received (Official Use Only)	Received By
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APPLICANT INFORMATION			
Last Name		First	MI
PO Box & Street Address			Apt/Unit #
City		State	Zip
Phone		E-mail Address	
WCA Tribal Member? Y/N	Date Available		Desired Salary
Indicate availability to work: ☐ Full Time ☐ Part Time ☐ Anytime ☐ On Call			
Position Applying for:			
Are you a citizen of the United States? ☐ Yes ☐ No If no, are you authorized to work in the U.S? ☐ Yes ☐ No			
Have you ever worked for this company? ☐ Yes ☐ No If so, when?			
Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, explain:			
A positive response is not an automatic bar to employment with Wrangell Cooperative Association. The offense for which the person was convicted in relation to the position to which they have applied will be considered.			

EDUCATION					
HIGH SCHOOL	LOCATION	Diploma	DATE	G.E.D.	DATE
		☐ Y ☐ N		☐ Y ☐ N	
COLLEGE	LOCATION	Year Graduated		Degrees Earned	
PROFESSIONAL LICENSES OR CERTIFICATIONS			EXPIRATION DATES		

REFERENCES (Please list three professional references)	
Full Name:	Company and Title:
Business Number:	Home/Cell Number:
Full Name:	Company/Title:
Business Number:	Home/Cell Number:
Full Name:	Company and Title:
Business Number:	Home/Cell Number:

EMPLOYMENT HISTORY

Present or most recent employer

Company Name:		Employer's Phone #	
Address:	City/State	Zip:	
Job Title:	Employed from: to		
Starting Salary:	Ending Salary:		
Supervisor's Name:			
Reason for Leaving:			
May we contact this employer? ☐ Yes ☐ No If No, please explain:			

ADDITIONAL EMPLOYMENT HISTORY

Company Name:		Employer's Phone #	
Address:	City/State	Zip:	
Job Title:	Employed from: to		
Starting Salary:	Ending Salary:		
Supervisor's Name:			
Reason for Leaving:			
May we contact this employer? ☐ Yes ☐ No If No, please explain:			

Company Name:		Employer's Phone #	
Address:	City/State	Zip:	
Job Title:	Employed from: to		
Starting Salary:	Ending Salary:		
Supervisor's Name:			
Reason for Leaving:			
May we contact this employer? ☐ Yes ☐ No If No, please explain:			

Company Name:		Employer's Phone #	
Address:	City/State	Zip:	
Job Title:	Employed from: to		
Starting Salary:	Ending Salary:		
Supervisor's Name:			
Reason for Leaving:			
May we contact this employer? ☐ Yes ☐ No If No, please explain:			

Company Name:		Employer's Phone #	
Address:	City/State	Zip:	
Job Title:	Employed from: to		
Starting Salary:	Ending Salary:		
Supervisor's Name:			
Reason for Leaving:			
May we contact this employer? ☐ Yes ☐ No If No, please explain:			

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I certify that the information that I have provided within this application is true and accurate. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. I understand that if I am considered qualified, I may receive a request for additional information. If selected as one of the top candidates, I will be interviewed, my references will be checked, my credentials will be verified, and the WCA reserves the right to perform a background check, as per WCA Policies and Procedures.

Signature

Date