

Application For Employment



520 E 32nd Avenue
Anchorage, Alaska 99503
Tel: 907-563-2146
Fax: 907-563-3105

Positions(s) Applied For	Date of Application

How did you learn about us?

- Advertisement
 Friend
 Walk-In
 Employment Agency
 Relative
 Other _____

Last Name		First Name		Middle Name	
Address	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number		
If you are under 18 years of age, can you provide required proof of your eligibility to work?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed an application with us before?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If Yes, give date _____

- Are you currently employed? Yes No
 May we contact your present employer? Yes No
 Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary Out of Town

- Are you currently on "lay-off" status and subject to recall? Yes No
 Can you travel if a job requires it? Yes No
 Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain

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Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title		Supervisor			

If you need additional space, please continue on a separate sheet of paper.

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Employment Experience

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

X

Signature of Applicant

References *(Please list 3 names and addresses)*

1.	Phone:
2.	Phone:
3.	Phone:

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Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (check skills/equipment operated)

Calculator CRT Fax PC Excel WORD

<input type="checkbox"/> Other

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YES NO

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Applicant Profile - Certification



To be eligible as a Section 3 Applicant and take advantage of AHA's Section 3 Opportunities, you must submit the completed applicant profile certification. When you've found a job you're interested in applying for or you have been notified of a job opportunity in your area, complete and submit a AHA job application. If you meet the qualifications, you will be contacted and given an interview date and time.

[If you have questions about the Section 3 Self-Certification process, contact our offices via email at kennedy.serr@ahaak.org](mailto:kennedy.serr@ahaak.org) or phone from the region at (800)478-5614

_____	_____	_____
First Name (include middle initial if any)	Last Name (include jr, sr, I, II, III, etc.)	Last 4 SSN
_____	_____	AK _____
Address	City	ST ZIPCODE
_____	_____	
Phone Number (no dashes)	Date of Birth	

CONFIRM SECTION 3 ELIGIBILITY

I currently live within the community of (Select One)

- | | | | | |
|-----------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Atka | <input type="checkbox"/> Akutan | <input type="checkbox"/> False Pass | <input type="checkbox"/> King Cove | <input type="checkbox"/> Nelson Lagoon |
| <input type="checkbox"/> Nikolski | <input type="checkbox"/> Saint George | <input type="checkbox"/> Saint Paul | <input type="checkbox"/> Sand Point | <input type="checkbox"/> Other _____ |

Please select all that apply:

- I am a AHA housing resident (Mutual Help, Low-Rent)
- I am a low or very low-income person whose household income meets or falls below HUD's Income Limits for the Aleutian East and West areas.
- None of the Above
- Completing this self-certification certifies to the U.S. Department of Housing and Urban Development (HUD) that all information in this registration is true and correct. I understand that this self-certification subjects me to an audit by HUD to verify my Section 3 eligibility. I also understand the failure to complete this registration accurately may result in administrative remedies available to HUD, and criminal or civil penalties under federal, state, and local laws.**

ACKNOWLEDGEMENT

_____	_____
Signature of Applicant	Date