



Tlingit-Haida Regional Housing Authority

Box 32237
Juneau, AK 99803

907-780-6868 (ph)
907-780-6895 (fx)

EMPLOYMENT APPLICATION

page 1 of 5

1. Title of job class for which I am applying:

PERSONAL DATA		2. SOCIAL SECURITY NO:	
3. NAME (LAST)		(FIRST)	(M.I.)
4. ADDRESS: (STREET & OR P.O. BOX)			
(CITY)		(STATE)	ZIP Code
5. TELEPHONE (home)		(business)	(message)
6. Are you over 18 yrs old?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

NOTICE TO APPLICANTS AND EMPLOYEES

EQUAL OPPORTUNITY EMPLOYMENT
T-HRHA IS REQUIRED BY FEDERAL LAW TO HAVE AN AFFIRMATIVE ACTION PROGRAM WHICH WILL ENSURE FAIR EMPLOYMENT PRACTICES. THE FOLLOWING QUESTIONS ARE MADE IN CONFORMANCE WITH THE ADMINISTRATION OF THE PRACTICES PROGRAM. ACTIONS TAKEN WILL NOT BE BASED ON, RACE, COLOR, SEX, NATIONAL ORIGIN, NOR OTHER NON-MERIT FACTOR!

SCREENING TESTS FOR ALCOHOL AND ILLEGAL DRUG USE MAY BE REQUIRED BEFORE HIRING AND DURING YOUR EMPLOYMENT HERE.

*** NATIVE APPLICANTS MUST ATTACH A COPY OF THEIR TRIBAL ENROLLMENT CARD TO DOCUMENT NATIVE PREFERENCE.

7.
a) I AM (PLEASE CHECK ONE OF THE FOLLOWING:)
Check applicable box
 WHITE BLACK SPAN INDIAN ASIAN AK Native ALEUT OTHER

b) I WAS BORN IN THE UNITED STATES OF AMERICA. YES NO
 ANOTHER COUNTRY. _____
 I AM A U.S. CITIZEN, OR I AM A RESIDENT ALIEN WITH A WORK PERMIT ISSUED BY THE U.S.A. DEPARTMENT OF JUSTICE.
(IF YES, enter Y in box, IF NO, enter N in box.)

8.
I AM A RESIDENT OF ALASKA. (FROM: _____ TO _____)

9.
I AM A VETERAN. (list dates, branch, & type of discharge.)
DATES: _____ BRANCH: _____ TYPE DISCHARGE: _____

10. NAME IF DIFFERENT, UNDER WHICH PREVIOUSLY EMPLOYED:

INSTRUCTIONS: REPORT ADDRESS & TELEPHONE CHANGES PROMPTLY:
A SEPARATE APPLICATION IS REQUIRED FOR EACH JOB CLASS FOR WHICH WILL AID IN RATING AND ACCURATE PROCESSING OF THE APPLICATION. DETERMINATION OF WHETHER YOU QUALIFY FOR THE JOB CLASS SPECIFIED WILL BE BASED UPON THIS APPLICATION.

11.
I AM APPLYING FOR. (circle code letter.)
H- INITIAL HIRE IN PERMANENT POSITION.
P- PROMOTION. (currently in a permanent position.)
T- TEMPORARY EMPLOYMENT.

13. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR WITHIN THE PAST FIVE YEARS,
OR A FELONY WITHIN THE PAST TEN YEARS. [] YES [] NO

IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER
AND ATTACH TO THIS APPLICATION.

(A CONVICTION RECORD IS NOT ABSOLUTE GROUNDS FOR DISQUALIFICATION. THE NUMBER, NATURE, RECENCY, AND RELATIONSHIP TO THE JOB APPLIED FOR WILL BE EVALUATED IN REVIEWING THIS APPLICATION.)

14. LIST RELATIVES EMPLOYED BY T-H REGIONAL HOUSING AUTHORITY:

(1) NAME: RELATIONSHIP: DEPT:

(2) NAME: RELATIONSHIP: DEPT:

15. DO YOU HAVE A VALID ALASKA DRIVERS LICENSE ? [] YES [] NO IF Y IF YES, LIST D.L NUMBER: DL#

EDUCATION & EXPERIENCE

17. LIST CURRENT PROFESSIONAL LICENSES, CERTIFICATIONS, OR REGISTRATIONS:

18. LIST TYPES OF ELECTRONIC OR MECHANICAL EQUIPMENT OR MACHINES THAT YOU ARE QUALIFIED TO:

OPERATE

REPAIR

CURRENT STATE EMPLOYEES WITH PERMANENT OR PROBATIONARY STATUS NEED ONLY ENTER | ENTER EXPERIENCE GAINED SINCE APPLYING FOR THEIR PRESENT POSITIONS WHEN COMPLETING ITEMS 19 THROUGH 26. IF YOU ARE SUCH AN EMPLOYEE, PLEASE CHECK THIS BOX []

19. CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

20. DATE LAST ATTENDED: | 21. DID YOU GRADUATE?: [] yes [] no

22. NAME AND ADDRESS OF GRADE OR HIGH SCHOOL LAST ATTENDED:

23. HIGH SCHOOL EQUIVALENCY CERTIFICATE (GED): (ISSUING AGENCY, NUMBER, DATE)

24. HIGH SCHOOL COURSES MOST RELATED TO THIS JOB CLASS:

25. EDUCATION OR TRAINING RECEIVED AFTER HIGH SCHOOL:

COLLEGE OR VOCATIONAL/TRADE SCHOOL NAME & LOCATION	NO. OF QUARTER HOURS EARNED	NO. OF SEMESTER HOURS EARNED	OTHER	GRAD UATED YES/NO	DEGREE AND YEAR	MAJOR OR SUBJECTS

EMPLOYING FIRM:	FROM:
FIRM ADDRESS:	TO:
JOB TITLE:	HOURS PER WEEK:
DUTIES:	STARTING SALARY: \$ PER
	FINAL SALARY: \$ PER
	NO. OF EMPLOYEES SUPERVISED:
	NAME OF SUPERVISOR:
REASON FOR LEAVING:	
EMPLOYING FIRM:	FROM:
FIRM ADDRESS:	TO:
JOB TITLE:	HOURS PER WEEK:
DUTIES:	STARTING SALARY: \$ PER
	FINAL SALARY: \$ PER
	NO. OF EMPLOYEES SUPERVISED:
	NAME OF SUPERVISOR:
REASON FOR LEAVING:	
EMPLOYING FIRM:	FROM:
FIRM ADDRESS:	TO:
JOB TITLE:	HOURS PER WEEK:
DUTIES:	STARTING SALARY: \$ PER
	FINAL SALARY: \$ PER
	NO. OF EMPLOYEES SUPERVISED:
	NAME OF SUPERVISOR:
REASON FOR LEAVING:	
EMPLOYING FIRM:	FROM:
FIRM ADDRESS:	TO:
JOB TITLE:	HOURS PER WEEK:
DUTIES:	STARTING SALARY: \$ PER
	FINAL SALARY: \$ PER
	NO. OF EMPLOYEES SUPERVISED:
	NAME OF SUPERVISOR:
REASON FOR LEAVING:	
EMPLOYING FIRM:	FROM:
FIRM ADDRESS:	TO:
JOB TITLE:	HOURS PER WEEK:
DUTIES:	STARTING SALARY: \$ PER
	FINAL SALARY: \$ PER
	NO. OF EMPLOYEES SUPERVISED:
	NAME OF SUPERVISOR:
REASON FOR LEAVING:	

PLEASE READ CAREFULLY THE ANNOUNCEMENT FOR THE JOB FOR WHICH YOU ARE APPLYING. YOUR NAME WILL BE MADE AVAILABLE ONLY TO VACANCIES THAT MEETS THE CONDITIONS OF EMPLOYMENT INDICATED BY YOUR ANSWERS BELOW. RESTRICTIONS NOT COMMON TO THE JOB MAY RESULT IN NOT BEING CONSIDERED. YOU MAY ALTER YOUR CONDITIONS OF EMPLOYMENT BY NOTIFYING THE DIVISION OF PERSONNEL IN WRITING AT ANY TIME DURING THE PERIOD OF YOUR ELIGIBILITY. FAILURE TO ACCEPT A JOB OFFER UNDER THE CONDITIONS YOU HAVE INDICATED MAY RESULT IN REMOVAL OF YOUR NAME FROM THE ELIGIBLE LIST.

27. I AM WILLING TO ACCEPT EMPLOYMENT IN THE FOLLOWING LOCATIONS:

- ANY AREA OR STATE. ANCHORAGE FAIRBANKS JUNEAU KETCHIKAN
- OTHER

28. I WILL ACCEPT A POSITION REQUIRING TRAVEL TO THE FOLLOWING EXTENT:

- NO TRAVEL. OCCASIONAL. FREQUENT. CONTINUOUS REMOTE AREAS

29. I WILL BE ABLE TO REPORT TO WORK _____ DAYS AFTER BEING NOTIFIED THAT I WAS HIRED.

CERTIFICATE OF APPLICANT

I HEREBY CERTIFY THAT ALL INFORMATION MADE ON OR IN CONNECTION WITH THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACT WILL BE SUFFICIENT GROUND FOR REJECTION OF MY APPLICATION, REMOVAL FROM THE ELIGIBLE LIST, OR REMOVAL FROM EMPLOYMENT.

DATE: _____ SIGNATURE (in ink) _____

CHECK YOUR APPLICATION! BE SURE THAT YOU HAVE FILLED IT IN COMPLETELY.

TYPING SKILL CERTIFICATION

IF THE JOB CLASS FOR WHICH YOU ARE APPLYING HAS A TYPING REQUIREMENT, YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL THIS SELF-CERTIFICATION HAS BEEN COMPLETED. READ THE STATEMENT BELOW AND ESTIMATE YOUR TYPING SPEED AT THE LEVEL WHICH YOU ARE COMPLETELY CONFIDENT YOU CAN PERFORM. IF YOU ARE NOT CONFIDENT ABOUT YOUR TYPING SPEED, CONTACT YOUR LOCAL EMPLOYMENT CENTER AND ARRANGEMENTS WILL BE MADE FOR A TYPING TEST.

I CERTIFY THAT I CAN TYPE AT A SPEED EQUAL TO OR GREATER THAN _____ WORDS PER MINUTE WITH FEWER THAN _____ TOTAL ERRORS (MINIMUM 5 MINUTE EXERCISE). I UNDERSTAND THAT I AM BEING EXAMINED ON THE BASIS OF THIS CERTIFICATION AND THAT INABILITY TO PERFORM AS CERTIFIED MAY CONSTITUTE BASIS FOR SEPARATION DURING THE PROBATIONARY PERIOD.

DATE: _____ SIGNATURE (in ink) _____

EMPLOYEE INFORMATION AND VERIFICATION:

(to be completed by employee/applicant)

Name (print or type) LAST FIRST MIDD BIRTH NAME

MAILING ADDRESS: CITY: STATE: ZIP CODE:

DATE OF BIRTH:

I ATTEST UNDER PENALTY OF PERJURY, THAT I AM: (CHECK APPLICABLE BOX)

- 1. A CITIZEN OR NATIONAL OF THE UNITED STATES.
- 2. AN ALIEN LAWFULLY ADMITTED FOR PERMANENT RESIDENCE. { ALIEN NUMBER A:_____ }.
- 3. AN ALIEN AUTHORIZED BY THE IMMAGRATION-NATURALIZATION SERVICE TO WORK IN THE U.S. (ALIEN NUMBER A:_____).
ADMISSIONS NUMBER:_____. EXPIRATION OF EMPLOYMENT AUTHORIZATION, IF ANY:_____.

I ATTEST UNDER PENALTY OF PERJURY, THE DOCUMENTS THAT I HAVE PRESENTED AS EVIDENCE OF IDENTITY AND EMPLOYMENT ELIGIBILITY ARE GENUINE AND RELATE TO ME. I AM AWARE THAT FEDERAL LAW PROVIDES FOR IMPRISONMENT AND/OR FINES FOR ANY FALSE DOCUMENTS IN CONNECTION WITH THIS CERTIFICATE

SIGNATURE

DATE (month/day/year)

PREPARER, TRANSLATOR CERTIFICATION. (TO BE COMPLETED OR PREPARED BY PERSON OTHER THAN THE EMPLOYEE/APPLICANT. I ATTEST UNDER PENALTY OF PERJURY, THAT THE ABOVE WAS PREPARED BY ME AT THE REQUEST OF THE NAMED INDIVIDUAL AND IS BASED ON ALL INFORMATION OF WHICH I HAVE ANY KNOWLEDGE.

SIGNATURE

NAME (PRINT/TYPE

ADDRESS (STREET NAME AND NUMBER) CITY STATE AND ZIP CODE

EMPLOYER REVIEW AND VERIFICATION: (TO BE COMPLETED BY EMPLOYER.)

INSTRUCTIONS:

EXAMINE ONE DOCUMENT FROM LIST - A, & CHECK APPROPRIATE BOX, OR EXAMINE ONE DOCUMENT FROM LIST - B & ONE FROM LIST - C & CHECK THE APPROPRIATE BOXES. PROVIDE THE DOCUMENT ID NUMBER AND EXPIRATION DATE FOR THE DOCUMENT CHECKED.

LIST - A
Document that establish Identity and Employment Eligibility
<input type="checkbox"/> 1. United States Passport
<input type="checkbox"/> 2. Certificate of United States Citizenship
<input type="checkbox"/> 3. Certificate of Naturalization
<input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization.
<input type="checkbox"/> 5. Alien Registration Card with photograph
Documnet Identification
Expiration Date (if any)

LIST - B
Documents that establish Identity
<input type="checkbox"/> 1. A State issued driver's license or State issued I.D. Card with a photograph, or information including name, sex, date of birth, height, weight, and color of eyes.
Specify State:_____.
<input type="checkbox"/> 2. U.S. Military Card
<input type="checkbox"/> 3. Other: (specify document and issuing authority).
Documnet Identification
Expiration Date (if any)

LIST - C
Documents that establish employment eligibility
<input type="checkbox"/> 1. Social Security Number Card. (other than a card stating it is not valid for employment).
<input type="checkbox"/> 2. A birth certificate issued by State, County, or municipal authority bearing a seal or other certification.
<input type="checkbox"/> 3. Unexpired INS Employment Authorization. Specify Form:_____
Documnet Identification
Expiration Date (if any)

Verification: I attest, under penalty of perjury, that I have examined the documents presented by the above individual. That they appear to be genuine and relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

T-HRHA Supervisor Signature:	Name (Printed/typed)	Title
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Employer Name: Tlingit-Haida Regional Housing Authority

Address: P.O. Box 32237, Juneau, Alaska 99803

Date: _____