



# Regional Housing Authority

Box 32237  
Juneau, AK 99803

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

## EMPLOYMENT APPLICATION

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

PERSONAL DATA		
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

I AM A U.S. CITIZEN, OR I AM A RESIDENT ALIEN WITH A WORK I ISSUED BY THE U.S.A. DEPARTMENT OF JUSTICE.

ANOTHER COUNTRY. \_\_\_\_\_

(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 page 2 of 4  
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#

16. 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 YOR 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) \_\_\_\_\_