

Baranof Island Housing Authority

Application for Employment

245 Katlian Street, Sitka, Alaska 99835

(907) 747-5088 • Fax (907) 747-5701



Position Applied For:

The following information is requested to help us make the best possible placement of employees within our organization. *Complete all portions of this application to the best of your knowledge.*

Applicant Information

Last Name	First Name	Middle Name	Birth date
Residence Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Telephone Number	Email Address	Social Security Number	

Do you have a valid Alaska Drivers License? Yes No If yes, please provide number _____

Date available to work? _____

Are you available to work: *Full Time* _____ *Part Time* _____ *Temporary* _____

Tribal Preference

Sitka Tribe of Alaska Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member of any other Alaska Native Tribe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Members of any other federally recognized Indian Tribe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A non-Indian spouse who supports an Indian spouse or children:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any of the above, please attached the household members Tribal Enrollment Card.	

Other

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor within the last five years? Yes No

If yes to one or both of the above questions, you must explain on a separate piece of paper and attach it to this application, even if you received a suspended imposition of a sentence.

Employment History

May we contact your present employer? Yes No

Include all employment within the **past ten years or your past five employers**, list current position first.

Most Recent Employer			Address	Telephone
Date Started	Starting Salary	Per Hour	Starting Position	
	\$			
Date Left	Ending Salary	Per Hour	Position on Leaving	
	\$			
Name and Title of Supervisor			Reason for Leaving	
Description of Duties				

Employer			Address	Telephone
Date Started	Starting Salary	Per Hour	Starting Position	
	\$			
Date Left	Ending Salary	Per Hour	Position on Leaving	
	\$			
Name and Title of Supervisor			Reason for Leaving	
Description of Duties				

Employer			Address	Telephone
Date Started	Starting Salary	Per Hour	Starting Position	
	\$			
Date Left	Ending Salary	Per Hour	Position on Leaving	
	\$			
Name and Title of Supervisor			Reason for Leaving	
Description of Duties				

Employer			Address	Telephone
Date Started	Starting Salary	Per Hour	Starting Position	
	\$			
Date Left	Ending Salary	Per Hour	Position on Leaving	
	\$			
Name and Title of Supervisor			Reason for Leaving	
Description of Duties				

Employment History

Employer	Address		Telephone
Date Started	Starting Salary	Per Hour	Starting Position
	\$		
Date Left	Ending Salary	Per Hour	Position on Leaving
	\$		
Name and Title of Supervisor			Reason for Leaving
Description of Duties			

Employer	Address		Telephone
Date Started	Starting Salary	Per Hour	Starting Position
	\$		
Date Left	Ending Salary	Per Hour	Position on Leaving
	\$		
Name and Title of Supervisor			Reason for Leaving
Description of Duties			

Employer	Address		Telephone
Date Started	Starting Salary	Per Hour	Starting Position
	\$		
Date Left	Ending Salary	Per Hour	Position on Leaving
	\$		
Name and Title of Supervisor			Reason for Leaving
Description of Duties			

Include explanation of any gaps greater than six months in employment dates.

Education

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

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

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

List professional, trade, business or civic activities and offices held.

Additional Information

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications from employment or other experiences.

Types of computers, electronic, or mechanical equipment that you are qualified to operate or repair.

Note to applicants:

BEFORE ANSWERING THE FOLLOWING QUESTION YOU MUST REVIEW THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. PLEASE SEE JOB DESCRIPTION.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? **Yes** **No**

Personal References (Do not include family members, past supervisors or current BIHA personnel.)

Name	Phone Number	Occupation
1.		
2.		
3.		

Additional Information

Additional information may be required for consideration for employment for certain job positions. You are responsible to ensure all information required by the job advertisement has been provided with your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that if hired, I may be required to undergo a physical examination, have a photograph taken, and drug and alcohol test, the examination and test will be performed at the employer's expense, by the employer's representative.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing information about me.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

Signature of Applicant

Date