

Tagiugmiullu Nunamiullu Housing Authority Job Application

Date: _____ Position Applied: _____

Name: _____
(Last/First/Middle)

Mailing Address: _____
(Including City/State/Zip)

Contact Phone: _____ E-mail Address: _____

Are you 18 years of age or older? Yes No

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No

Do you have a current Driver's License? Yes (Attached a photo copy) No

Social Security # ____ / ____ / ____

Are you known by any other name? Yes No Other Name(s): _____

Are you Alaskan Native? Yes No. If yes, name your ANCSA Village Corporation _____
& Regional Corporation: _____

Are you an enrolled member of a federally-recognized tribe? If yes, identify the tribe and its location:

Proof of Status: BIA Card__ Corporation ID__ Other (Describe) _____ (Attached a photo copy)

EDUCATION

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
Elementary & Jr. High	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical or Other	_____	_____	_____	_____

PREVIOUS/CURRENT EXPERIENCE

Employer:	<u>Employment Dates</u> From _____ To _____	Job Title:
		Work Performed:
Address:	<u>Hourly Rate/Salary</u> Starting _____ Final _____	
Supervisor & Phone No.:		
Reason for Leaving:		
Employer:	<u>Employment Dates</u> From _____	Job Title:

	To	Work Performed:
Address:	Hourly Rate/Salary	
	Starting	
	Final	
Supervisor & Phone No.:		
Reason for Leaving:		
Employer:	Employment Dates	Job Title:
	From	
	To	Work Performed:
Address:	Hourly Rate/Salary	
	Starting	
	Final	
Supervisor & Phone No.:		
Reason for Leaving:		

Use additional pages or attach resume to describe last 7 years of employment and any other relevant experience.

U.S. MILITARY SERVICE

Branch of Service: _____
 From: _____ to _____
 Rank and Type of Service: _____
 Training/Experience Received: _____

ADDITIONAL & SPECIAL QUALIFICATIONS

Registration, Certification and/or Licenses: _____
 Language spoken other than English: _____
 Software: _____

Mechanical equipment, electronic equipment or machinery you are qualified to operate and/or repair: _____

Do you possess all necessary certification, work permits, and/or licenses of the position for which you are applying? Yes No

Can you perform all of the essential functions of the position(s) you are applying for, with or without reasonable accommodations? Yes No

Will you accept a position requiring travel? Continuous Frequent Occasional
 Remote Areas No Travel

Are you available for the following types of positions: Full-Time Part-Time
 Seasonal Temporary

REFERENCES

List at least three references (not related to you) who have knowledge of your character, experience and ability:

Name and Relationship	Address	Phone

Please feel free to attach relevant letters of reference.

CRIMINAL HISTORY

Have you ever been convicted of a felony? Yes No

If yes, identify the date of conviction, where the charges were determined, the nature of the charge, and case number. _____

Have you ever been convicted of a misdemeanor involving violence, minors under the age of 18, or weapons? Yes No

If yes, identify the date of conviction, where the charges were determined, the nature of the charge, and case number. _____

Have you ever been arrested or charged in connection with sexual abuse or sexual assault of a minor or adult? Yes No

If yes, state the result of the charges or arrest, the nature of the charges, location of proceedings, the date of conviction, and case number. _____

APPLICANT'S STATEMENT

I understand that: TNHA has an established and written "at will" employment policy, which provides that if I am hired by TNHA, I or TNHA may terminate employment at any time or for any reason or for no reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed by verbal or written assurances or by conduct of TNHA management. I understand that this application is not a contract of employment. I further understand that TNHA has an established Drug-Free, Alcohol-Free Workplace Policy that all employees must adhere to.

I authorize TNHA to make any investigation of my personal and employment history and authorize any former employer, firm, corporation, or government organization to give TNHA any information they may have regarding my prior employment. In consideration of review of this application, I release TNHA and all providers of information from any liability as a result of furnishing and receiving this information.

I certify that all the statements herein are true and understand that TNHA is relying on the truthfulness, accuracy and completeness of the information provided by me. Accordingly I understand that any misrepresentation, falsification, or material or knowing omission, shall be sufficient cause for dismissal or refusal of employment.

Applicant Signature: _____ Date: _____

Request for criminal background check:

Birth date: __/__/__

Other Names you have used or which you are known by: _____
(include maiden name, if your application name is different).