



Regional Housing Authority

5446 Jenkins Drive
Juneau, AK 99801

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

EMPLOYMENT APPLICATION

page 1 of 4

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		

EQUAL OPPORTUNITY EMPLOYMENT

THRHA 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 FACTORS

NOTICE TO APPLICANTS AND EMPLOYEES

SCREENING TESTS FOR ALCOHOL AND ILLEGAL DRUG USE WILL 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:

11.

I AM APPLYING FOR. (circle code letter.)

H- INITIAL HIRE IN PERMANENT POSITION.

P- PROMOTION. (currently in a permanent position.)

T- TEMPORARY EMPLOYMENT.

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.

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. page 2 of 4

(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 TLINGIT HAIDA 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

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:	
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:	

☐ ANY AREA OR STATE. ☐ ANCHORAGE ☐ FAIRBANKS ☐ JUNEAU ☐ KETCHIKAN

☐ OTHER

☐ NO TRAVEL. ☐ OCCASIONAL. ☐ FREQUENT. ☐ CONTINUOUS ☐ REMOTE AREAS

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