



APPLICATION FOR EMPLOYMENT

Last Name	First Name	M.I.	Social Security No.
Present Mailing Address		City, State, Zip	Home Phone No.
Position for which you are applying: _____			
Work Phone No.	E-Mail Address		

1. Are you an Alaska Native, American Indian, descendent, or family member? Yes No
 If so, which village, region, and/or tribe? _____
 Alaska Natives are strongly encouraged to apply. Preference will be given to Alaska Natives in accordance with 43 USC 16.26(g) and 42 USC 2000(e)(i) with attached documentation.

2. Are you currently employed? Yes No May we contact your present employer? Yes No

3. If required for position, do you have a current and valid driver's license? Yes No
 If yes, what state and license number? _____ Expiration date: _____
 Has your driver's license been suspended or revoked in the last five years? _____

4. Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

5. Within the past seven years, have you been charged, convicted or released from prison for any criminal offense? Yes No
 If yes, please explain _____
 A conviction will not necessarily disqualify you from employment. Upon a finding of a criminal conviction, suitability will be determined based on the nature and frequency of criminal act, time lapsed since conviction, nature of employment, qualifications, and whether the individual has been rehabilitated.

EDUCATION and EMPLOYMENT HISTORY

Attach a cover letter and resume which provides and describes:

- Your education, training, skills and abilities
- Your previous positions/jobs and specific job functions and accomplishments
- References from your previous employers who know most about your work

(If you attach a resume, please write in "attached resume" in the Employment line below.)

OR

Please fill out the following sections.

Education

High School Name and Address: _____

College/University/Tech School	Address	Course of Study	Degree/Year Completed

Employment History – start with your present or last job first.

Employer _____	Title/Position _____
Address _____	Phone Number _____
Supervisor _____	Start/End Date _____
Reason For Leaving _____	Ending Salary _____
May we contact this employer? Yes No	
Duties _____	

Employer_____	Title/Position_____
Address_____	Phone Number_____
Supervisor_____	Start/End Date_____
Reason For Leaving_____	Ending Salary_____
	May we contact this employer? Yes No
Duties_____	

Employer_____	Title/Position_____
Address_____	Phone Number_____
Supervisor_____	Start/End Date_____
Reason For Leaving_____	Ending Salary_____
	May we contact this employer? Yes No
Duties_____	

Employer_____	Title/Position_____
Address_____	Phone Number_____
Supervisor_____	Start/End Date_____
Reason For Leaving_____	Ending Salary_____
	May we contact this employer? Yes No
Duties_____	

Employer_____	Title/Position_____
Address_____	Phone Number_____
Supervisor_____	Start/End Date_____
Reason For Leaving_____	Ending Salary_____
	May we contact this employer? Yes No
Duties_____	

Please attach additional sheets if needed.

ACKNOWLEDGEMENTS

I understand this position may be required to submit to pre-employment and random drug testing.

I acknowledge that employment at CIHA is at will, which means that either I or CIHA can terminate the employment relationship at any time, with or without prior notice, or for any reason not prohibited by law.

I further acknowledge that an offer of employment will be contingent upon satisfactory results of an investigation of my past employment, experience, and other questions contained in this application. I voluntarily authorize CIHA and/or its authorized agents to conduct such an investigation. Inquiries may be made about me including but not limited to previous employer verifications, education verifications, consumer credit reports, criminal convictions or history, motor vehicle reports, social security trace reports and other reports. I understand that CIHA and /or its authorized agents may be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal or civil cases, and other experiences, and I authorize disclosure of information involving me in the files of insurance companies.

I certify the foregoing is true and accurate to the best of my knowledge. I understand that falsification of any information provided in this employment application is grounds for rejection or immediate dismissal.

Signature of Applicant: _____

Date: _____

Please submit an Application (with Resume if applicable) "Attention Human Resource" by:

Mail to: Cook Inlet Housing Authority, 3510 Spenard Road, Suite 100, Anchorage, AK 99503

FAX to: Fax: 907-793-3070 **Email:** sboegel@cookinlethousing.org



AUTHORIZATION FOR RELEASE OF INFORMATION

I understand that my employment with Cook Inlet Housing Authority is contingent upon satisfactory results of an investigation of my past employment experience, education, credit history, criminal history, driving record, and other activities referred to in this application.

I, _____, voluntarily authorize COOK INLET HOUSING AUTHORITY and/or its authorized agents to conduct such an investigation. Inquiries may be made about me including but not limited to previous employer verifications, education verifications, consumer credit reports, criminal convictions or history, motor vehicle reports, social security trace reports and other reports. I understand that COOK INLET HOUSING AUTHORITY and/or its authorized agent(s) may be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal or civil cases, and other experiences, and I authorize disclosure of information involving me in the files of insurance companies.

I hereby authorize and release, without reservation, any party or agency contracted by COOK INLET HOUSING AUTHORITY and their employees or assigns from any and all claims, action, suits, agreements, or liabilities arising from the release of said information to COOK INLET HOUSING AUTHORITY or any authorized agent thereof.

Note: Before signing this document, read it thoroughly and complete all requested information. If not applicable, indicate by drawing a line through the section.

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Date of Birth: _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ **State:** _____

Phone: _____

Present Address: _____

City: _____ **State:** _____ **Zip:** _____

I have read and understand the above notice.

Signature: _____

Date: _____

Print Name: _____

Date: _____