

Position Applied For: _____

KODIAK ISLAND HOUSING AUTHORITY
3137 MILL BAY ROAD, KODIAK, ALASKA 99615
907-486-8111 Fax 907-486-4432

EMPLOYMENT APPLICATION

Social Security Number (optional)

Name (Last) (First) (MI)

Telephone

Mailing Address:

Are you legally eligible for employment in the USA?
__Yes __No (if yes, verification will be required)

I am applying for (enter correct code in box at left):
H--Initial hire in permanent position
____T--Temporary employment

If necessary for the job, I am able to:
Travel: __Yes __No
Provide a valid Alaska Driver's License? ____

Are you at least 18 years old? ____Yes ____No
I will be able to report to work ____ days after being notified that I am hired.

EDUCATION

School Name/Location	Years Completed	Field of Study	Graduate/Degree
High School			
College/University			
Business/Technical			
Other			

MILITARY SERVICE ____ Yes ____ No Duty/Specialized Training _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name Address/Telephone Occupation Years Known

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name/Address	Position Title/Duties	Dates Employed	
		From:	To:
		Salary	
		Reason for Leaving	
		Supervisor's Name	Telephone

Employer Name/Address	Position Title/Duties	Dates Employed From: _____ To: _____
		Salary _____
		Reason for Leaving _____
		Supervisor's Name _____ Telephone _____

Employer Name/Address	Position Title/Duties	Dates Employed From: _____ To: _____
		Salary _____
		Reason for Leaving _____
		Supervisor's Name _____ Telephone _____

Summarize other employment related to this job: _____

Professional licenses, certifications, or registrations: _____

List types of computers, other electronic or mechanical equipment, or machines that you are qualified to operate or repair:

_____ Typing Speed: _____

Additional skills including supervision skills, other languages or information regarding your career/occupation: _____

In case of accident or illness, please contact:

Name _____ Daytime Telephone _____

Address _____ Relationship _____

INFORMATION TO THE APPLICANT: As part of our procedure for processing your employment application, you may be requested to supply personal and employment references, which may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job.

If necessary for employment, you may be required to supply your birth certificate or other proof of authorization to work in the U S, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

INDIAN PREFERENCE REQUIREMENTS: This position is subject to the provisions of Section 7(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450C(b)).

SECTION 3 REQUIREMENTS: This position is subject to Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701U) and the implementing regulations in 24 CFR part 135.

CERTIFICATION OF APPLICANT: I understand and agree to the information shown above, and I hereby certify that all information made on and 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 grounds for rejection of my application, removal from the eligible list, or removal from employment.

Date: _____

Signature: _____

