



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak, AK 99615

www.Kodiakislandhousing.com

Phone: 907-486-8111 Fax: 907-486-4432

Origination License #280607 Mortgage License #287823

Position Applied For: _____

EMPLOYMENT APPLICATION

_____			_____
Name (Last)	(First)	(MI)	Last 4 digits of Social Security Number
_____			_____
Mailing Address:			Email

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

Are you legally eligible for employment in the USA?
 Yes No
 (if yes, verification will be required)

Provide a valid Alaska Driver's License?
 Yes No

If necessary for the job, I am able to Travel:
 Yes No

Are you at least 18 years old? Yes No

I will be available 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

<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty/Specialized Training: _____
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REFERENCES

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

Name	Address/Telephone	Occupation	Years Known



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EMPLOYMENT

List last employment first. Include summer or temporary jobs. Be sure all experience or employers related to this job are listed here, in the summary (following 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: _____
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Summarize other employment related to this job: _____

Professional licenses, certification, 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 required 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. KIHA performs background checks and pre-employment drug testing of all accepted applicants prior to their first day of work.

If necessary for employment, you may be required to supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interested agreement and abide by it's 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 an belief. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of my application, removal from the eligible list, or removal from employment.

Date: _____ Signature: _____



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Application Data Record

IT IS THE POLICY OF KODIAK ISLAND HOUSING AUTHORITY TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT BASED ON RACE, COLOR, NATIONAL ORIGIN, GENDER, DISABILITY, AGE RELIGION, MARITAL STATUS, CHANGE IN MARITAL STATUS, PREGNANCY, PARENTHOOD, VETERAN'S STATUS, VETERAN'S DISABILITY, OR POLITICAL

As an employer, Kodiak Island Housing Authority complies with federal and state regulations and responsibilities. The Data Record is for periodic government reporting and internal statistical information.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

IT WILL NOT BE USED IN CONSIDERING YOU FOR EMPLOYMENT.

Name: _____ Date: _____

Position Applying For: _____

Date of Birth: ____/____/____ Age: _____

Sex: _____ M _____ F

Check if Applicable: _____ Disabled
_____ Disabled Veteran

Race/Ethnic Data: _____ Caucasian
_____ Black
_____ Hispanic
_____ Alaska Native
_____ American Indian
_____ Asian/Pacific Islander