



Southeast Alaska Independent Living
 3225 Hospital Drive Suite 300 Juneau, Alaska 99801
 Voice/TTD (907) 586-4920 Fax 586-4980

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

_____ **Date of Application** _____ **Position Applied For** _____ **Location**

How Did You Learn About Us? Advertisement Relative Inquiry Friend
 Employment Agency Other _____ Are you 18 years of age or older? Yes No

_____ **Full Name** _____ **Other Name(s) Used** _____ **Social Security Number**

_____ **Address** _____ **City** _____ **State** _____ **Zip Code**

_____ **Daytime Phone** _____ **Evening Phone** _____ **Best time to call you** _____ **E-Mail Address**

Previously employed by SAIL Yes No If yes, date & location _____

Relatives/friends currently employed by SAIL Name & location _____

Why are you interested in this particular job? _____

What skills and training qualify you for this position? _____

Desired work schedule: Full Time Part Time _____ Hrs/Wk Temporary

Date available to begin work _____ Can you travel if necessary? Yes No

Date Application Received _____

Education

High School Diploma received from _____

OR GED received from _____

College, Vocational or Other Education

Name & Address of School	Dates Attended	Degree/Certification Earned
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Describe any specialized training, apprenticeship, skills and extra-curricular activities that you wish to have considered as part of your qualifications for the position you are seeking.

Employment History

This section must be completed entirely. Resumes may be submitted but may not be substituted for this information. List all work experience, paid or unpaid, beginning with your current or most recent job. Include any military or volunteer experience that you wish to have considered as part of your qualifications for the position you are seeking. Use extra pages if needed.

Present or last position

Employer _____ From _____

Address _____ To _____

Position Held _____ Reason for leaving or considering a change _____

Specific Duties/Responsibilities _____

Supervisor's Name _____ Phone _____ May we contact this person? Yes No

Employer _____ From _____

Address _____ To _____

Position Held _____ Reason for leaving or considering a change _____

Specific Duties/Responsibilities _____

Supervisor's Name _____ Phone _____ May we contact this person? Yes No

Employer _____ From _____

Address _____ To _____

Position Held _____ Reason for leaving or considering a change _____

Specific Duties/Responsibilities _____

Supervisor's Name _____ Phone _____ May we contact this person? Yes No

Employer _____ From _____

Address _____ To _____

Position Held _____ Reason for leaving or considering a change _____

Specific Duties/Responsibilities _____

Supervisor's Name _____ Phone _____ May we contact this person? Yes No

Additional information you feel may be helpful to us in considering your application

References

Professional

Name	_____	Title	_____	Phone	_____
Name	_____	Title	_____	Phone	_____
Name	_____	Title	_____	Phone	_____

Personal

Name	_____	Title	_____	Phone	_____
Name	_____	Title	_____	Phone	_____
Name	_____	Title	_____	Phone	_____

I certify that answers given herein are true and complete, and authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____

FOR AGENCY USE ONLY					
Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notes	_____	
Interviewed	Date	_____	By	_____	
Hired	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notified	_____	Hire Date _____ Position _____
			Date	_____	
Executive Director					

Have you ever been arrested for or convicted of a felony? Yes No

If yes, please explain: _____

Have you been arrested for or convicted of a misdemeanor in the past 5 years? Yes No

If yes, please explain: _____

(Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied and will be considered.)

PLEASE READ CAREFULLY BEFORE SIGNING

SAIL policies require that all paid staff hired after February 15, 2005 must submit to fingerprinting and background checks at City, State and Federal levels.

I understand that as part of my employment application with Southeast Alaska Independent Living, Inc., SAIL will check into my background by using a fingerprint based background check submitted to federal, state and municipal criminal justice agencies, and that a check of my driving record may be included in this process.

I certify that I have answered the above questions and all other questions in this application truthfully and have not withheld any information relevant to my application. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions of the application information, attachments and supporting documents, generally will result in denial of employment or immediate termination if discovered after hire.

I authorize Southeast Alaska Independent Living, Inc., to investigate whether I have a criminal record or convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the convictions. Southeast Alaska Independent Living, Inc. has advised me that a criminal record will not necessarily disqualify me from employment.

I further authorize Southeast Alaska Independent Living, Inc. to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand, that I am required to abide by all rules and regulations of the employer.

Signature _____ Date _____

Printed Name _____

Background Check Initiated _____ Completed _____

Revised 5/29/05