

**INTERIOR REGIONAL HOUSING AUTHORITY**

828 27th Ave. Fairbanks, Alaska 99701

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Position Applying For: \_\_\_\_\_

Today's Date \_\_\_\_\_

**Personal Information**

Last Name:	First Name:	Middle Name:	Suffix:
Home Phone #:		Message #:	
Cell Phone#:		Email Address:	
Mailing Address:	City:	State:	Zip:
Alaska Native/American Indian		Other	

**Working Considerations**

1	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.		( )Yes ( )No
2	Are you currently employed?		( )Yes ( )No
3	May we contact your present employer?		( )Yes ( )No
4	On what date would you be available for work?		
5	Are you available to work: ( ) Full Time ( ) Part Time ( ) Shift Work ( ) Temporary		
6	Are you willing to work overtime if required by the position?		( )Yes ( )No
7	Are you currently on "lay-off" status and subject to recall		( )Yes ( )No
8	Can you travel if a job requires it?		( )Yes ( )No
9	Have you ever filed an application with us before? If Yes, give date _____		( )Yes ( )No

**Military Service**

Branch of Service	Dates Enlisted	Rank at Discharge
_____ List duties in the military, including schools and training. _____		

**Educational Information/Training**

	Elementary School	High School	College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				

**Educational Information/Training (continued)**

Describe any specialized training, apprenticeship, computer skills and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application	

**Employment History**

EMPLOYER NAME	JOB TITLE	DATES EMPLOYED FROM	TO
ADDRESS	PHONE NUMBER ( )		
POSITION DESCRIPTION	BEGINNING WAGE	ENDING WAGE	SUPERVISOR
	REASON FOR LEAVING:		
EMPLOYER NAME	JOB TITLE	DATES EMPLOYED FROM	TO
ADDRESS	PHONE NUMBER ( )		
POSITION DESCRIPTION	BEGINNING WAGE	ENDING WAGE	SUPERVISOR
	REASON FOR LEAVING:		
EMPLOYER NAME	JOB TITLE	DATES EMPLOYED FROM	TO
ADDRESS	PHONE NUMBER ( )		
POSITION DESCRIPTION	BEGINNING WAGE	ENDING WAGE	SUPERVISOR
	REASON FOR LEAVING:		
EMPLOYER NAME	JOB TITLE	DATES EMPLOYED FROM	TO
ADDRESS	PHONE NUMBER ( )		
POSITION DESCRIPTION	BEGINNING WAGE	ENDING WAGE	SUPERVISOR
	REASON FOR LEAVING:		

If you need additional space, please continue on a separate sheet of paper:

**Licenses/Certificates**

List professional licenses, certificates and/or registrations that would be pertinent to the job for which you are applying:

\_\_\_\_\_

List any professional , trade, or business activities and offices held pertinent to the job for which you are applying:

\_\_\_\_\_

**Machinery Use/Repair**

List the machinery or equipment, specific to this position, that you are qualified to:

Operate \_\_\_\_\_ Repair \_\_\_\_\_

**Additional Qualifications**

In addition to your work history, what other experience, skills or qualifications do you have which especially prepare you for the position for which you are applying? (You may omit any information that discloses your sex, race, national origin, age, or disability).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Data**

Have you ever been convicted of a felony, misdemeanor or other offense other than a minor traffic violation? If so, Explain: \_\_\_\_\_ ( )Yes ( )No  
A conviction will not necessarily disqualify an applicant from employment.

Have you ever been employed with us before? ( )Yes ( )No

If you are under 18 years of age, can you provide required proof of your eligibility to work? ( )Yes ( )No

Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? ( )Yes ( )No

Are you physically or otherwise able to perform the duties of the job for which you are applying? ( )Yes ( )No

**References**

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Applicant's Statement (READ CAREFULLY BEFORE SIGNING!)**

I certify that the facts described in this Application for Employment are true. I understand that if I am employed, any false statements, omissions or misrepresentations given in my application or interview(s) may result in my dismissal. I understand, also, that I am required to abide by all rules and regulations of the employer. I authorize IRHA to investigate any of the facts described in this application and I release IRHA from any liability resulting from such an investigation. The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date