



**COPPER RIVER BASIN REGIONAL HOUSING AUTHORITY**  
P.O. Box 89 GLENNALLEN, ALASKA 99588

**EMPLOYMENT APPLICATION**

<b>POSITION APPLYING FOR:</b>		<b>TELEPHONE:</b>	(    )    -
<b>SOCIAL SECURITY NUMBER:</b> <small>(OPTIONAL)</small>	-    -	<b>MESSAGE NUMBER:</b>	(    )    -
<b>NAME:</b>	LAST                      FIRST                      MIDDLE		
<b>ADDRESS:</b>			
<b>ADDRESS:</b>			
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?		<input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, VERIFICATION WILL BE REQUIRED)	
I AM SEEKING A PERMANENT POSITION:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
I AM SEEKING TEMPORARY WORK UNTIL (DATE)		/    /    /	
IF NECESSARY FOR THE JOB I AM ABLE TO:		WORK (WHICH SHIFTS?)	WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
PROVIDE A VALID ALASKA DRIVERS LICENSE?		<input type="checkbox"/> Yes <input type="checkbox"/> NO ADL #:	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITH OUT ACCOMMODATIONS?		<input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO PLEASE LIST ACCOMMODATIONS NEEDED)	

IF NECESSARY FOR THE JOB, ARE YOU OVER:  14  15  16  18  19  21 (PLEASE CHECK ONE)

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 OR DEGREE
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS/TECHNICAL				<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER (MAY INCLUDE GRAMMAR SCHOOL)				<input type="checkbox"/> YES <input type="checkbox"/> NO

**MILITARY SERVICE**  YES  NO **DUTY/SPECIALIZED TRAINING:**

**REFERENCES: LIST TWO (2) PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER SUPERVISORS**

NAME	ADDRESS	TELEPHONE	OCCUPATION	YRS. 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.

EMPLOYEE NAME & ADDRESS	POSITION TITLE/DUTIES SKILLS	DATES EMPLOYED & SALARY								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TELEPHONE NUMBER</td> <td style="width:50%;">FROM:    /    /</td> </tr> <tr> <td>(    )    -</td> <td>TO:    /    /</td> </tr> <tr> <td>SUPERVISORS NAME</td> <td>SALARY <input type="checkbox"/> HOURLY <input type="checkbox"/> ANNUAL \$</td> </tr> <tr> <td></td> <td>REASON FOR LEAVING:</td> </tr> </table>	TELEPHONE NUMBER	FROM:    /    /	(    )    -	TO:    /    /	SUPERVISORS NAME	SALARY <input type="checkbox"/> HOURLY <input type="checkbox"/> ANNUAL \$		REASON FOR LEAVING:		
TELEPHONE NUMBER	FROM:    /    /									
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	REASON FOR LEAVING:									



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<b>EMPLOYMENT CONTINUED:</b>			
EMPLOYEE NAME & ADDRESS	TELEPHONE NUMBER	POSITION TITLE/DUTIES SKILLS	DATES EMPLOYED & SALARY
	(    )    -		FROM:    /    /
	SUPERVISORS NAME		TO:        /    /
			SALARY <input type="checkbox"/> HOURLY <input type="checkbox"/> ANNUAL \$
			REASON FOR LEAVING:
	(    )    -		FROM:    /    /
	SUPERVISORS NAME		TO:        /    /
			SALARY <input type="checkbox"/> HOURLY <input type="checkbox"/> ANNUAL \$
			REASON FOR LEAVING:
<b>SUMMARIZE OTHER EMPLOYMENT RELATED TO THIS JOB:</b>			
<b>TYPES OF COMPUTERS, OTHER ELECTRONIC OR MECHANICAL EQUIPMENT THAT YOU ARE QUALIFIED TO OPERATE OR REPAIR:</b>			
			TYPING SPEED: _____
<b>PROFESSIONAL LICENSES, CERTIFICATIONS OR REGISTRATIONS:</b>			
<b>ADDITIONAL SKILLS INCLUDING SUPERVISION SKILLS, OTHER LANGUAGES, OR INFORMATION REGARDING THE CAREER AND / OR OCCUPATION YOU WISH TO BRING TO THE AGENCIES ATTENTION:</b>			
<b>IN CASE OF ACCIDENT OR ILLNESS PLEASE LIST CONTACT NAME (S)</b>			
<b>NAME AND RELATIONSHIP:</b>	<b>DAYTIME PHONE:</b>	<b>ADDRESS:</b>	
	(    )    -		
<b>NAME AND RELATIONSHIP:</b>	<b>DAYTIME PHONE:</b>	<b>ADDRESS:</b>	
	(    )    -		

INFORMATION TO THE APPLICANT: AS PART OF OUR PROCEDURE FOR PROCESSING YOUR EMPLOYMENT APPLICATION, YOU'RE PERSONAL AND EMPLOYMENT REFERENCES 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. YOU MAY MAKE A WRITTEN REQUEST FOR INFORMATION DERIVED FROM THE CHECKING OF YOUR REFERENCES.

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.

I UNDERSTAND AND AGREE TO THE INFORMATION ABOVE, BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE REVIEWED AND READ THE INFORMATION AND UNDERSTAND THE CONTENTS OF THIS APPLICATION OF EMPLOYMENT WITH CRBRHA.

\_\_\_\_\_  
 SIGNATURE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

EQUAL EMPLOYMENT OPPORTUNITY: WHILE MANY EMPLOYERS ARE REQUIRED BY FEDERAL LAW TO HAVE AN AFFIRMATIVE ACTION PROGRAM, ALL EMPLOYERS ARE REQUIRED TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY AND MAY ASK YOUR NATIONAL ORIGIN, RACE AND SEX FOR PLANNING AND REPORTING PURPOSES ONLY. THIS INFORMATION IS OPTIONAL AND FAILURE TO PROVIDE IT WILL HAVE NO AFFECT ON YOUR APPLICATION FOR EMPLOYMENT.

OFFICE: (907) 822-3633 • Fax: (907) 822-3662 • E-MAIL: [INFO@CRBRHA.ORG](mailto:INFO@CRBRHA.ORG)