



**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
_____ Name & Address of School	_____ Dates Attended	_____ Degree/Certification Earned
_____ Name & Address of School	_____ Dates Attended	_____ Degree/Certification Earned
_____ Name & Address of School	_____ Dates Attended	_____ Degree/Certification Earned

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	Rate of pay	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 \_\_\_\_\_ Rate of pay \_\_\_\_\_ From \_\_\_\_\_  
To \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for leaving or considering a change \_\_\_\_\_

Specific Duties/Responsibilities \_\_\_\_\_

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

Employer \_\_\_\_\_ Rate of pay \_\_\_\_\_ From \_\_\_\_\_  
To \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for leaving or considering a change \_\_\_\_\_

Specific Duties/Responsibilities \_\_\_\_\_

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

Employer \_\_\_\_\_ Rate of pay \_\_\_\_\_ From \_\_\_\_\_  
To \_\_\_\_\_

Address \_\_\_\_\_

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 \_\_\_\_\_

<b>FOR AGENCY USE ONLY</b>					
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 _____
Executive Director _____			Date _____		

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