



ALASKA NATIVE HEALTH BOARD

Alaska Native Health Board

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

What is your career objective: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Post Graduate: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Claiming Preference

Are you claiming Native preference? YES NO

if yes, attach a copy of a certificate of Indian blood from Bureau of Indian Affairs or email to aunok@anhb.org

Are you claiming Veteran preference? YES NO

If yes, what were your dates of service? From : _____ To : _____

Type of Discharge? _____

Special Skills, Certificates, Awards

Please list your special skills, certificates, awards, and interests related to this position as described in the position description in your résumé or curriculum vitae and submit with your application via email to: aunok@anhb.org or as a hard copy to the address or facsimile listed in the Disclaimer and Signature section below.

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

Please submit required application forms with Résumé or Curriculum Vitae:

Email to: jobs@anhb.org

Alaska Native Health Board
4000 Ambassador Drive, Suite 101
Anchorage, Alaska 99507

Attn: Hiring Committee

(907) 729-7510 Fax: (907) 729-7506

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the ANHB does not discriminate on the basis of race, color, creed, age, sex, national origin, physical handicap, marital status, sexual orientation, politics, membership or non-membership in an employee organization.

I hereby declare the information provided by me in this Employment Application is true, correct, and complete to the best of my knowledge I understand that if employed, any misstatement or omission of fact on this application may be grounds for dismissal.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I further understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statements.

Signature: _____ Date: _____