



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](mailto: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: [jobs@anhb.org](mailto:jobs@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](mailto: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: \_\_\_\_\_