



anchorage
community
development
authority

Anchorage Community Development Authority Application for Employment

An Equal Opportunity Employer & Compliant with Title 1 of the ADA Please Print or Type using Blue or Black Ink

Applicant Information

Name

First

Middle

Last

Home Phone

Work Phone

Cell Phone

Email

Residence Address

Address Line 1

City

State

Zip Code

Mailing Address (if different)

Address Line 1

City

State

Zip Code

Application

Position Desired

Which Days Can You Work?

- Sunday Monday Tuesday Wednesday
 Thursday Friday Saturday

What Times Can You Work

	Yes	No
7:00 AM - 6:00 PM	<input type="radio"/>	<input type="radio"/>
2:00 PM - 1:00 AM	<input type="radio"/>	<input type="radio"/>
9:00 PM - 8:00 AM	<input type="radio"/>	<input type="radio"/>

Have you ever been convicted of any violation of the law, other than minor traffic violations?

- Yes No

If Yes: List all convictions(s), date(s), and sentences (s). DUI/DWIs must be listed. If more space is needed, provide an attachment. Applicants must list any unconditional pardons, suspended impositions of sentences or any other conviction set aside by court order.

Are you at least 18 years of age?

- Yes No

Do you have a legal right to accept employment in the United States?

- Yes No

Are you able to perform the essential functions of this job with or without an accommodation?

- Yes No

Have you ever tested positive or refused to take a DOT drug test for a position for which you were not hired?

- Yes No

Do you have a current driver's license?

- Yes No CDL

If CDL list class, endorsements, and restrictions.

Education

Do you have a High School Diploma or a GED Certificate?

Yes No

Name of High School attended

Location of School

City

State

College, University or Graduate Schools (if more space is needed, provide an attachment)

Name of School

Location of School

City

State

Year Started

Year Finished

Major/Minor or Subjects Taken

Degree and Year Received

Technical or Vocational Schools

Name of School

Location of School

City

State

Year Started

Year Finished

Course Study

Degree and Year Received

List Current Professional Licenses, Certificates and/or Registrations and their expiration dates if any

Employment History

Describe your work history for the last 10 years beginning with your current or most recent position. Include volunteer and military experience, including military rank. If necessary, use additional pages. A resume may be attached but will not substitute for the required Employment History information. Failure to provide complete and accurate information regarding each job held, including providing misleading or false information, may result in disqualification for the position or termination upon discovery. EXPLAIN ALL GAPS IN EMPLOYMENT LONGER THAN THREE MONTHS.

Official Job Title

Name & Title of Supervisor

Supervisor's Phone Number

Company Name

Company Address

Address Line 1

City

State

Ending Pay per hour or salary

Hours per week

Date Started

Date Ended

Reason for leaving

Official Job Title

Name & Title of Supervisor

Supervisor's Phone Number

Company Name

Company Address

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Date Started

Date Ended

Reason for leaving

List the types of computer software and programs you have used.

List any other special qualifications, skill and/or abilities.

Typing WPM

Typing Data Entry KSM

10-Key KSM

List any relatives employed by ACDA

Name

First

Last

Relationship

Department

Name

First

Last

Relationship

Department

Applicant authorization, certification, and acknowledgment

I **authorize** the release of information relating to information in this application by schools, employers, criminal justice agencies, individuals, or other sources including but not limited to, academic, performance, attendance, achievement, personal history, disciplinary, and conviction records. I **direct** the release of such information regardless of any agreement I may have made previously. I **release** any business, institution or individual from any and all liability for any damage of any kind which may result from compliance, or attempt to comply with this authorization.

I **certify** that the statements contained herein are true to the best of my knowledge. I **acknowledge** that any incomplete, inaccurate, misleading, false, or incorrect information may result in rejection of my application; disqualify me from consideration; render an appointment void; or cause for my dismissal upon discovery.

I **acknowledge** that employment with ACDA is strictly voluntary and at-will which means that I may terminate employment at any time and that ACDA may terminate my employment at any time, with or without notice, and with or without reason.

I agree to submit to physical and/or mental examinations as the ACDA may require after receipt of a bonafide offer of employment.

Signature

Date

Deliver, mail, fax, or email completed applications to:

245 West 5th Avenue, Suite 122
Anchorage, AK 99501
Email: HR@acda.net
FAX: (907) 258-3230