

ANCHORAGE NEIGHBORHOOD HEALTH CENTER
903 W. Northern Lights Blvd., #218, Anchorage, AK 99503
(907) 792-6562 (voice) 792-6526 (fax)

Applicant's Name: _____ Date Application Completed _____
 Job # _____ Title of Position Applying For: _____ Date available to work: _____
 I am available to work: Full-time _____ Part-time _____ As needed _____ Temporary _____
 Phone: _____ Home Address: _____
 Home Work Message Street City State ZIP
 Mailing Address: _____ Social Security # _____
 Street City State ZIP
 Are you a U. S. Citizen? Yes _____ No _____ If you are not a US citizen, are you authorized to work in the United States? Yes _____ No _____
 Alien Registration Card Number: _____

Have you worked here before? Yes ___ No ___ If yes, give dates and job title _____
 Do you have any relatives employed at the Anchorage Neighborhood Health Center? Yes ___ No ___ Name: _____
 Do you have any relatives on the Board of Directors of the Anchorage Neighborhood Health Center? Yes ___ No ___ Name: _____

	Name of School	City & State	Major or Subj. taken	Dates attended	Degree Obtained	Date of Graduation
High School				From: To:		
College, University				From: To:		
Voc-Tech, Business, Other				From: To:		

Applicable Licenses, Registrations & Certificates:

TYPE	ISSUING ORGANIZATION	STATE	DATE	NUMBER

List membership or affiliation in any professional organizations relevant to the position you are applying for:

List all employment for the past 10 years, beginning with your most recent position. **All information must be completed. You may attach a resume, but not in place of completing the required information.** Please indicate if present employer should not be contacted.

WORK HISTORY

EMPLOYER

Company Name: _____

Address: _____

_____ **Phone:** _____

Supervisor's Name/Title: _____

Job Title: _____

Dates Employed: From _____ **To** _____

Beginning Salary _____ **Ending Salary** _____

Reason for leaving _____

If currently employed by this company,
may we contact them? Yes _____ **No** _____

Duties: _____

Company Name: _____

Address: _____

_____ **Phone:** _____

Supervisor's Name/Title: _____

Job Title: _____

Dates Employed: From _____ **To** _____

Beginning Salary _____ **Ending Salary** _____

Reason for Leaving: _____

Duties: _____

Company Name: _____

Address: _____

_____ **Phone:** _____

Supervisor's Name/Title: _____

Job Title: _____

Dates Employed: From _____ **To** _____

Beginning Salary _____ **Ending Salary** _____

Reason for Leaving: _____

Duties: _____

SKILLS:

Please list your skills as relevant to the position you are applying for, and any other information that might be pertinent, including volunteer experience, extra training, awards, hobbies, etc.:

REFERENCES:

Please provide the names, addresses, and telephone numbers of three former employers or colleagues who we can contact that can comment on your work abilities.

Name	Address	Phone Number	Occupation/Title
1.			
2.			
3.			

Have you ever been convicted of a crime? No _____ Yes _____ If so, when: _____ List Details: _____

APPLICANT’S CERTIFICATION AND AGREEMENT

1. I authorize Anchorage Neighborhood Health Center (ANHC) to inquire into my education, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to ANHC and hold ANHC and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.
2. **I understand that if selected for hire, appointment to the position will be conditional based upon satisfactory completion of a background investigation. Accordingly, it will be necessary for me sign a release for disclosure of information and provide certain identification information.**
3. I understand that, in the event of my employment by ANHC, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.
4. I understand that nothing in this employment application, the granting of an interview or my subsequent employment with ANHC is intended to create an employment contract between myself and ANHC under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or ANHC at any time and for any reason.
5. I further understand that ANHC does not discriminate in the hiring of individuals based on race, color, religion, national origin, ancestry, age, sex, marital status, or physical or mental impairment/disability. ANHC is an equal opportunity employer.

I hereby acknowledge that I have read and agree to the above statements.

Signature of Applicant

Date

VOLUNTARY CONFIDENTIAL INFORMATION FORM

The Anchorage Neighborhood Health Center would appreciate you completing this form for data collection, auditing, and reporting purposes only. In accordance with State and Federal law, this information will be retained separately for record keeping purposes and will **not** be made a part of your application.

NAME (Last, First, Middle): _____

POSITION APPLYING FOR: _____

JOB #: _____ **BIRTHDATE:** _____

SEX: Male _____ Female _____

ETHNIC GROUP (Check only one)

_____ Hispanic or Latino

_____ White

_____ Black or African-American

_____ Native Hawaiian or Other Pacific Islander

_____ Asian

_____ American Indian or Alaska Native

_____ Two or More Races

RECRUITMENT SOURCE: HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY?

_____ Newspaper Ad

_____ Walk-in

_____ Website/Internet

_____ ANHC Employee

_____ Agency Referral

_____ Magazine/Journal Ad

_____ Friend/Relative

_____ Other _____ (specify)