



Iliuliuk Family & Health Services, Inc.

P.O. Box 144. Unalaska, AK 99685 Tel. 907-581-1202

EMPLOYMENT APPLICATION

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. The Iliuliuk Family & Health Services, Inc. is a "Drug Free Workplace".

PLEASE PRINT

Note: Applications must be completed. Resumes may not be substituted.	Date of application:
Position(s) applied for:	

Last Name	First Name			Middle Name or Initial	
Physical Address	Number	Street	City	State	Zip
Mailing Address	Number	Street	City	State	Zip
Telephone Number (s)				Social Security Number	
Day:	Message:				

Proof of citizenship or immigration status will be required upon employment.

If you are under 18 year of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid Driver's License? If yes, State: _____ Driver's License Number: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary		
Family member employed by the Iliuliuk Family & Health Services: If yes, Name/Relationship: _____ Department: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony within the last 7 years? If yes, please explain: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

All Applications will be kept on file for 90 days.

Employment Experience

Start with your present or last job. If you need additional space, please continue on a separate sheet of paper.

1. Employer		Dates employed		Work Performed
		Fro	To	
Address				
Telephone/Fax Number(s)/Email		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

2. Employer		Dates employed		Work Performed
		Fro	To	
Address				
Telephone/Fax Number(s)/Email		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

3. Employer		Dates employed		Work Performed
		Fro	To	
Address				
Telephone/Fax Number(s)/Email		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

4. Employer		Dates employed		Work Performed
		Fro	To	
Address				
Telephone/Fax Number(s)/Email		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

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Education

	Name & Location	Course of Study	Years Completed	Diploma or Degree
College				
Business/Trade/Technical				
High School				

Indicate any foreign languages you can speak, read, and/or write

Language: _____ Speak Read Write

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States Military:

List professional , trade, business or civic activities and offices held. You may exclude membership that would reveal race, color, religion, gender, national origin, disabilities or other protected status.

Other Qualifications

Summarize special job related skills; qualifications or additional information acquired from employment or other experience that you may feel would be helpful in considering your application.

Specialized Skills

Check Skills/Equipment Operated/Licenses

	Software Program (list)	Production/Mobile Machinery	Other (list)
___ PC	_____	_____	_____
___ Calcuator	_____	_____	_____
___ Typewriter	_____	_____	_____
___ PBX System	_____	_____	_____

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References

Please do not list any family members or past employers already listed under employment experience.

1.	_____	(_____) _____
	(Name)	(Phone and Fax #)
	_____	_____
	(Address)	(e-mail)
2.	_____	(_____) _____
	(Name)	(Phone and Fax #)
	_____	_____
	(Address)	(e-mail)
3.	_____	(_____) _____
	(Name)	(Phone and Fax #)
	_____	_____
	(Address)	(e-mail)

Applicant's Statement

I certify that the information I have entered on this form is true and complete to the best of my knowledge. I have read the minimum qualifications for this job class and believe I am qualified. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that if I deliberately conceal or enter false information on this form, that I may be removed from any job; that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the Iliuliuk Family Health Service, Inc. for either employment or the provision of any benefits; that information in this application may be released in an authorized legal investigation; and that for the purposes of this certification, a photocopy of my original signature shall have the same force and effect as my original signature. I agree that the Iliuliuk Family Health Services, Inc., or its agents, may contact current or former employers or other persons who know me in order to obtain additional information.

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT ONLY			
Arranged interview <input type="checkbox"/> Yes <input type="checkbox"/> No			
Remarks: _____			
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment: _____	Interviewer _____	Date _____
Job Title: _____		Hourly Rate/Salary: _____	Department: _____
By: _____		_____	
Name & Title		Date	

Notes: _____

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