Bering Straits Regional Housing Authority

PO Box 995, Nome, Alaska 99762 (907) 443-8600 - Office (907) 443-8652 - Fax

PLEASE PRINT OR TYPE, except where signatures are required. Use blank paper if you do not have enough room on this application.
Bering Straits Regional Housing Authority (BSRHA) will make reasonable accommodation in the application process, if needed.
BSRHA is an Equal Opportunity Employer.

This application is current only for ninety (90) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to update your information.

Name (Print): _____ Telephone Number(s): _____
Last First MI Day Evening

Address: _____ Today's Date: _____
Street & Number City State Zip

What type of employment are you seeking? ☐ Full-time ☐ Part-time ☐ Itinerant ☐ Temporary ☐ Seasonal

Position Applied For/Interested In: _____ Date available for employment: _____

Are you willing to travel?: ☐ Yes ☐ No If yes, what percentage of time? _____ % E-Mail Address: _____

EDUCATION

Indicate Highest Grade Completed:

High School Name: City & State: Diploma or GED: Yes ☐ No ☐

College Name: _____ City & State: _____
Major/Subject: _____ Degree Obtained: _____
College Name: _____ City & State: _____
Major/Subject: Degree Obtained:

Graduate or Professional/Technical School

Name: _____ City & State: _____ Major/Subject: _____
Degree Obtained:

List Certifications and Licenses: (Please include date obtained and expires if any)

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

If you are an experienced operator of any business machines/equipment or software programs, please list: Level of competency:

PROFESSIONAL REFERENCES

Name	Title	Organization	Phone Number(s)	Relationship

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RECORD OF EMPLOYMENT

***Provide the last 7 years of employment**

Name of Current/Most Recent Employer: _____ Type of business: _____
Address: _____ Telephone Number(s): _____
Dates Employed: From / / to / / Supervisor Name & Title: _____
Position Title: _____ Reason for leaving: _____
Salary: $ per: Hours worked per week: May we contact your employer? ☐ Yes ☐ No
Please briefly describe the duties you performed, skills used or learned, and accomplishments:

Previous Employer: _____ Type of business: _____
Address: _____ Telephone Number(s): _____
Dates Employed: From / / to / / Supervisor Name & Title: _____
Position Title: _____ Reason for leaving: _____
Salary: $ per: Hours worked per week: May we contact your previous employer? ☐ Yes ☐ No
Please briefly describe the duties you performed, skills used or learned, and accomplishments:

Previous Employer: _____ Type of business: _____
Address: _____ Telephone Number(s): _____
Dates Employed: From / / to / / Supervisor Name & Title: _____
Position Title: _____ Reason for leaving: _____
Salary: $ per: Hours worked per week: May we contact your previous employer? ☐ Yes ☐ No
Please briefly describe the duties you performed, skills used or learned, and accomplishments:

Previous Employer: _____ Type of business: _____
Address: _____ Telephone Number(s): _____
Dates Employed: From / / to / / Supervisor Name & Title: _____
Position Title: _____ Reason for leaving: _____
Salary: $ per: Hours worked per week: May we contact your previous employer? ☐ Yes ☐ No
Please briefly describe the duties you performed, skills used or learned, and accomplishments:

If you need additional pages, copy this page

AMERICAN INDIAN/ALASKA NATIVE PREFERENCE

If an applicant is American Indian/Alaska Native and would like us to consider his/her American Indian/Alaska Native status under our Native Preference Policy, we require the applicant to provide satisfactory proof on American Indian/Alaska Native status.

Do you claim American Indian/Alaska Native Preference? Yes ☐ No ☐

If yes, attach a copy of your Certificate Of Indian Blood Card/Letter, or a village enrollment card/letter from a federally recognized tribe. If proper documentation is not attached, your application will not be given native preference.

CERTIFICATION AND AGREEMENT

I, _____, understand and agree that,
Print Name

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, such as benefits application forms, or during any interviews, can be justification for refusal of employment, or, if already employed, termination of employment.

2. Employment with Bering Straits Regional Housing Authority (BSRHA) is on an "at-will" basis unless otherwise expressly agreed to in writing by the President/CEO or designee. I further understand BSRHA or I can terminate the employment relationship at any time with or without cause, with or without notice, and for any reason not prohibited by law. I understand that, except for the President/CEO, no supervisor, manager, or executive of BSRHA, has any authority to alter the foregoing. Employment with BSRHA may be funded all or in part by grant awards, with specific timelines, and in addition to being “at-will”, positions funded by grants may end at the end of the funding period.

3. Any offer of employment I may receive from BSRHA is contingent upon my successful completion of the company’s total pre-employment screening process, which may include fingerprinting and a thorough background investigation. It may also include the company receiving satisfactory references and my successful completion of any drug testing or post offer - pre-employment medical examination that BSRHA may require. I also agree, if employed, to submit to a medical examination that is job related and consistent with business necessity at any time at the request of BSRHA. If I am offered a position, I hereby consent to having the results of any pre-employment or post-employment medical exams I may be required to take disclosed to BSRHA.

4. In processing my application for employment, the company in concordance with all federal and state regulations may verify all information provided by me, or may procure or have prepared, a consumer and or investigative report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and credit record.

5. I understand that as a condition of employment, I may be required to undergo and successfully pass a drug test in accordance with company policies and guidelines. I also understand and agree that, if employed, I may be required to submit to a drug test at any time at the discretion of BSRHA. I hereby consent to have any results of any such drug test that I may be required to undergo disclosed to BSRHA.

6. I authorize and request that all of my present and former employers and those individuals that I have listed as personal or professional references furnish information about my employment record, to include but not limited to: a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. I hereby release and hold BSRHA harmless from any claim for releasing any truthful information within its knowledge and/or records, and anyone who in good faith provides information about me that

they believe to be accurate and relevant to my potential employment at BSRHA, from civil liability for the disclosure of such information or its consequences.

7. I understand that only the President/CEO or designee is authorized to extend an offer of employment on behalf of BSRHA and that no other offers of employment are valid.

Applicant's Signature: _____ Date: _____

Conflict of Interest

Are you related to any BSRHA Board of Commissions or current employees? Yes ☐ No ☐

If Yes, explain:

_____

_____

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DECLARATION FOR EMPLOYMENT

BACKGROUND INFORMATION

Federal law requires an investigation of the character and criminal background of each individual who is employed, or is being considered for employment, in a childcare position or a position with duties and responsibilities that involve regular contact with or control over Indian children.

The check shall include a search of the criminal history repositories of all states that an employee or prospective employee lists as current and former residences in an employment application.

I certify that my response to these questions is under Federal penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any adverse information that may disqualify me from employment and my right to obtain a copy of any criminal history report made available to BSRHA.

PLEASE MAKE SURE BOTH QUESTIONS ARE ANSWERED

Have you ever been arrested for or charged with a crime involving a child? Yes ☐ No ☐
If "YES," provide the date, explanation of the violation, disposition of the arrest or charge and place of occurrence.

Have you ever been found guilty of, or entered a plea of no contest (nolo contendere), or guilty to, any felonious offense or any of 2 or more misdemeanors offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? Yes ☐ No ☐

If "YES," provide the date, explanation of the violation, disposition of the arrest or charge, and place of occurrence.

The information that I have provided in this section is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact can be justification for refusal of employment, or, if already employed, termination. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of identity and work authorization within three (3) days of employment. Failure to submit such proof within the required time shall result in immediate employment termination. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Are you legally authorized to work in the United States? Yes ☐ No ☐

Have you ever been convicted of, or been found guilty of, or entered a plea of no contest (nolo contendere), or guilty to **ANY** crime(s) – felonies or misdemeanors. Yes ☐ No ☐ (A conviction will not necessarily disqualify an applicant.)
If yes, list all and provide the date, explanation of the violation, disposition of the arrest or charge and place of occurrence.

Are you listed on the Cumulative Sanction List of the Office of Inspector General or Government Services Administration (OIG/GSA) Exclusionary list? Yes ☐ No ☐ If yes, explain:

Are you currently debarred or sanctioned from doing business with the federal government or any of its agencies or programs?
Yes ☐ No ☐ If yes, explain:

Have you ever been debarred or sanctioned from doing business with the federal government or any of its agencies or programs? Yes ☐ No ☐ If yes, explain:

Are any charges or disciplinary actions or sanctions pending against you by any federal or state law enforcement, regulatory or licensing agency?
Yes ☐ No ☐ If yes, explain:

Please Print Clearly:

Full Name: _____ Social Security #: _____

Other names used (i.e. Maiden, married or nicknames): _____

Date of birth: _____ Place of birth: _____

Current Driver's License #: _____ Issuing State: _____

Applicant's Signature: _____ Date: _____