

APPLICATION FOR EMPLOYMENT



First Name	Alaska Municipal League Joint Insurance Association 807 G Street, Suite 356 Anchorage, Alaska 99501 (907) 258-2625/(907) 279-3615 fax www.amljia.org		
Last Name	Applicants are required to request any necessary accommodations during the application, testing or interviewing process. Please print clearly and fill out application completely. Please do not use "see resume," although you are encouraged to attach your resume. Ask for an explanation of any questions you do not understand. Incomplete applications will not be accepted.		
GENERAL INFORMATION	Social Security Number		Home Phone
	Last Name	First Middle	Message Phone
	Other names used (if any)	E-mail Address	Cell Phone
	Mailing Address	Street	City/State Zip
	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	VISA TYPE: Number:		Expiration Date:
	Have you ever been employed by the AMLJIA? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates?		Check if you are under age 18: <input type="checkbox"/> (Work permit may be required if under 18)
RELEVANT INFO	Job Title applying for:		Department
	Referred by: (Name)		Phone

EDUCATION/PROFESSIONAL ACTIVITY	Name of School, College, University or Trade/Technical School	City/State	Circle Last Year Completed	Degree/Subjects Credit Hours	
			1 2 3 4		
			1 2 3 4		
			1 2 3 4		
			1 2 3 4		
			1 2 3 4		
	License/Certification/Registration				
	Type of License(s)	State	Registration No.	Expiration Date	Any Restrictions?
	Driver's License (if applicable)				
For positions in which driving may be a part of your job, you will need to provide proof of automobile insurance and a current driving record.					
EMPLOYMENT INFORMATION	Starting with your most recent or present employer first, list all jobs held in the last 10 years. Please do not use "see resume." If additional space is needed for previous employers, attach additional sheet.				
	From Mo/Year	To Mo/Year	Employer		
			Type of Business	Department	
			Street Address	City/State/Zip	
	Supervisor		Your Position	Telephone	
	Job Duties				
	Reason for Leaving			Final Salary	
	From Mo/Year	To Mo/Year	Employer		
			Type of Business	Department	
			Street Address	City/State/Zip	
	Supervisor		Your Position	Telephone	
	Job Duties				
	Reason for Leaving			Final Salary	

Have you ever been fired, discharged, or asked to resign from any position? Yes No

If Yes, please explain from what organization and reason.

Have you ever been convicted of a misdemeanor or felony? A conviction record will not necessarily bar you from employment. Yes No

If Yes, please give date, nature of offense and explain circumstance. Include a copy of your judgment, as soon as possible, to be considered.

PLEASE READ CAREFULLY BEFORE SIGNING

AMLJIA is an equal opportunity employer. Applicants are considered in accordance with applicable laws prohibiting discrimination on the basis of race, creed, color, religion, national origin, age, sex, marital status, disability, or parenthood.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 Printed name of Applicant

 Signature of Applicant Date