Gastineau Human Services Employment Application

Your Name (Last, First, N		Telephone:					
Current Mailing	Address:						
Email (Please print	clearly):						
Position you are app	olying for:						
Are you related to a currer	nt GHS employee?	YES □ NO If yes, w	ho?	Rela	ationship Type_		
Can you provide proof of le	egal eligibility for emp	ployment in the United S	States? 🗆 Y	ES \square NO (If yes, veri	cation will be re	equired)	
This position requires depe	endable attendance ar	nd may include overtime	e. Can you n	neet these requiremen	ts? 🗆 YES 🗆] NO	
Do you need any special a	ccomodation to perfo	rm the job functions ide	entified?	l YES □ NO			
Do you have a vaild Alaska	a drivers license? \Box	YES □ NO					
Are you 21 years or age or	r older? 🗆 YES 🗆 N	10					
How many days after being	g notified that you are	e hired can you report t	o work?				
EDUCATION:			Years Completed	Field of Study		ation/Degree ate Received	
High School:							
Other:							
MILITARY SERVICE:	☐ YES ☐ NO No	. of years of service	High	est Rank			
MILITARY SERVICE.							
		uties					
EMPLOYMENT: By filling employment first. Include							
Employer Name and City	· · ·	Position Title / Duties or Skills			Dates Employed From and To:		
					Reason for le	aving:	
Beginning salary	Ending Salary	Supervisor's Name	Supervisor's Name: Telephone:				
\$	\$						
Employer Name and City	Position Title / Du	Position Title / Duties or Skills			yed From and To:		
					Reason for le	aving:	
Beginning salary	Ending Salary	Supervisor's Name	e:	Telephone:			
\$ Employer Name and City	\$	Position Title / Du	ties or Skills		Dates Employ	yed From and To:	
Employer Nume and City		Tosición Fide / Da	des of Skills		Dates Employ	yeu i foiii and fo.	
Beginning salary	Ending Salary	Supervisor's Nam	e:	Telephone:	Reason for le	aving:	
\$	\$						
•	•	•					

Employer Name and City		Position Title / Duties or Skills		Dates Employed From and To:			
				Reason for leaving:			
Beginning salary	Ending Salary	Supervisor's Name:	Telephone:				
\$	\$						
List additional skills: (supervision skills, oth or information that ma GHS)	er languages,						
PROFESSIONAL REF	FERENCES: List two profe	essional work references who are not	supervisors.				
Name		Telephone	Occupation	Years Known			
Name		Telephone	Occupation	Years Known			
In case of an Emerge	ncy, Accident or Major Illr	less, please contact:					
NAME		CONTACT PHONE #		RELATIONSHIP			
professional reference	s will be checked. If you	ocedure for processing your employn have misrepresented or omitted any y make a written request for informa	facts on this applicatio	n, and are subsequently hired,			
		ervices you will be required to pass a g tested as part of the hiring process					
I understand and agre	ee to the information show	vn above:					
Signature:	Date:						
EMPLOYER SECTION							
EMPLOTER SECTION	v :						