



The Anchorage Coalition to End Homelessness (ACEH) is a convener around preventing and ending homelessness. The ACEH mission is to *provide dynamic leadership in making homelessness rare, brief and one-time*. All qualified applicants will receive equal consideration for employment without regard to race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, or marital status, or physical or mental disability.

## Applicant Information:

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Employment Position:

Job Position(s) Applied For: \_\_\_\_\_

How Did You Hear About This Position: \_\_\_\_\_

Have You Worked for ACEH Before: \_\_\_\_\_

Earliest Date to Begin Employment: \_\_\_\_\_

Full or Part Time?: \_\_\_\_\_

Are you over 21 years of age?: Yes\_\_\_\_ No\_\_\_\_

## Work History:

Current or Most Recent Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

May we contact this employer? Yes\_\_\_\_ No\_\_\_\_

If no, please explain: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# ACEH Application for Employment

Second Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

May we contact this employer? Yes\_\_\_\_ No\_\_\_\_

If no, please explain: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Third Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

May we contact this employer? Yes\_\_\_\_ No\_\_\_\_

If no, please explain: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

***\*Please attach at least 3 personal references to supplement this application.***

## Education and Training:

### *High School Diploma / GED*

<i>Name</i>	<i>Location (City, State)</i>	<i>Year Graduated</i>	<i>Degree Earned</i>

### *College / University*

<i>Name</i>	<i>Location (City, State)</i>	<i>Year Graduated</i>	<i>Degree Earned</i>

### *Vocational School / Specialized Training / Professional Certificates*

<i>Name</i>	<i>Location (City, State)</i>	<i>Year Graduated</i>	<i>Degree Earned</i>

# ACEH Application for Employment

## Personal Information:

Are you a U.S. Citizen or Approved to Work in the United States:      Yes\_\_\_\_      No\_\_\_\_

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

---

---

---

---

## Applicant's Statement:

The information that I have provided in this application is true and complete. I understand that any misrepresentation or omission by me in this application will be cause for termination of consideration or employment.

Please note that any offer made before contacting your present employer is contingent upon obtaining an acceptable reference and/or verification of information by Human Resources or a Direct Supervisor, as well as clearing a pre-hire screening background check and proof of COVID-19 vaccination with exceptions only as required by law.

ACEH is an At-Will-Employer. Your employment with ACEH is a voluntary one and is subject to termination by you or ACEH at will, with or without cause and with or without notice, at any time.

Nothing in this application shall be interpreted to be in conflict with, or eliminate or modify in any way, the employment at will status. If employed, I agree to abide by and comply with all company policies and procedures.

I understand that this application is current for 90 days only. At the conclusion of this time, if I have not heard from ACEH and still wish to be considered for employment, I understand that I must complete a new application.

I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and right to work in the United States. Therefore, I understand that any offer of employment would be contingent on my ability to produce the required documentation with the period required by law.

By signing my name below, I certify that I understand all the questions and statements in this application.

*Applicant Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_