

**DISABILITY LAW CENTER OF ALASKA**  
**Application for Employment**

Position Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL INFORMATION**

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

Present Address (street, apt. no., city, state, zip):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: home (\_\_\_\_) \_\_\_\_\_

work (\_\_\_\_) \_\_\_\_\_

cell (\_\_\_\_) \_\_\_\_\_

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

Are you a US citizen or do you have the legal right to be employed in the US?

Yes    No

Have you ever used another name?    Yes    No

If yes, please list the full name: \_\_\_\_\_

Can you travel if the job requires it?    Yes    No

Have you ever been convicted of a crime, either a misdemeanor or felony?  
 (A conviction will not necessarily prevent you from being considered for employment.)

- Yes       No

If yes, please complete the following:

Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Outcome (including incarceration period): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Salary Range Desired (annual or hourly): \_\_\_\_\_

Type of Employment Desired:

- Full-time       Part-time  
 On-Call       Temporary

Hours available to work: \_\_\_\_\_

Date available to start: \_\_\_\_\_

<b>EMPLOYMENT EXPERIENCE</b>
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If submitting a resume in lieu of completing this section of the application, the resume must contain ALL of the following information, including salary. List most recent experience first. Account for all periods of time including military service, volunteer activities and any period of unemployment. *Attach additional sheets as necessary.*

Name & Address of Company	From (mo., yr.)	To (mo., yr.)	Starting Salary	Last Salary	Reason for leaving	Supervisor's Name
	Job title & responsibilities:					
Phone:						

Name & Address of Company	From (mo., yr.)	To (mo., yr.)	Starting Salary	Last Salary	Reason for leaving	Supervisor's Name
	Job title & responsibilities:					
Phone:						

Name & Address of Company	From (mo., yr.)	To (mo., yr.)	Starting Salary	Last Salary	Reason for leaving	Supervisor's Name
	Job title & responsibilities:					
Phone:						

Name & Address of Company	From (mo., yr.)	To (mo., yr.)	Starting Salary	Last Salary	Reason for leaving	Supervisor's Name
	Job title & responsibilities:					
Phone:						

May the Disability Law Center of Alaska contact each of these employers?  Yes  No  
 If no, give exceptions and reasons:

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Have you ever had your employment terminated for reasons other than reduction in workforce?

- Yes     No

If yes, please explain:

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What experience do you have working or interacting with people with disabilities, and what experience do you have with disability issues? *(Attach additional sheets as necessary, but please limit to 1000 words.)*

Why specifically do you want to work for DLC and perform legally-based disability rights advocacy? *(Attach additional sheets as necessary, but please limit to 1000 words.)*

**COMPUTER SKILLS**

Please check the programs/databases you have experience with:

- MSWord                                       Westlaw                                       Outlook  
 Excel     Access     Powerpoint  
 Other (Please Specify) \_\_\_\_\_

**LANGUAGE SKILLS**

Indicate any languages other than English that you can speak, read or write:

Speak     Read     Write

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Speak     Read     Write

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Speak     Read     Write

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**EDUCATION**

	<b>College/University</b>	<b>Graduate/Professional</b>
Name and Location of School		
Years Completed (circle one)	1 2 3 4	1 2 3 4
Course of Study		
Did you Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree		
Year Graduated		

Briefly describe any specialized training, course work, or honors received that you would like considered:

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**REFERENCES**

List three professional references:

Name/Title: \_\_\_\_\_

Address (street, suite. no., city, state, zip)

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Telephone: (\_\_\_\_) \_\_\_\_\_

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

Years Known: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Address (street, suite. no., city, state, zip)

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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

Years Known: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Address (street, suite. no., city, state, zip)

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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

Years Known: \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER STATEMENT**

Applicants are considered without regard to and will not be discriminated against due to race, color, religion, sex, national origin, age, or disability.

\_\_\_\_\_ Initial here showing that you read, understand and agree to the language in this section.

**AT WILL EMPLOYMENT STATEMENT**

In consideration of my employment, I agree to conform to the rules and regulations of DLC and agree, if I am hired, I will be an employee at will and that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either DLC or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor or representative of management, other than the Executive Director, has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and any such agreement must be in writing.

\_\_\_\_\_ Initial here showing that you read, understand and agree to the language in this section.

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern: I have applied for employment with the Disability Law Center of Alaska. As part of the employment process, the Disability Law Center of Alaska may contact any company, institution, or individual it deems appropriate to verify the information contained in my employment application, resume, and/or verbal representations made during an interview.

I authorize you to release to the Disability Law Center of Alaska any and all information and documentation it requests. This information may include, but is not limited to, dates of employment, positions held, responsibilities, base compensation and bonus or commissions (if applicable), job performance, education, transcripts, degrees received, dates of attendance, etc. A copy of this authorization may be accepted as an original.

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

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

By signing below, I certify that all the information I have provided is true, accurate and complete. Also, I waive any claims I have or may have against DLC, its officers, directors, employees and contractors relating to any inquiries made to my current or past employers, schools, and others, or to information given by DLC to any of those people or entities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**REFERRAL**

How did you hear about this job?

- Newspaper/Publication \_\_\_\_\_
- Internet Posting \_\_\_\_\_
- Outreach Event \_\_\_\_\_

- NDRN
- DLC Website
- Other \_\_\_\_\_

Thank you for your interest and application!