



DISABILITY LAW CENTER OF ALASKA
www.dlcak.org

EMPLOYMENT APPLICATION v10-05-20

To be considered for employment at DLC, in addition to this application, we require a cover letter of no longer than 1 page. In the letter please discuss:

- Your skills or qualifications relevant to the position for which you are applying; and,
- Why you want to work for DLC.

Date: _____

Provide all information requested by printing in ink or typing. Use the tab key to move through the document.

GENERAL INFORMATION				
Name (Last)	(First)	(Middle Initial)	Home/Cell ph.	
Address (Mailing)	(City)	(State)	(Zip)	Other Phone
Email Address		Are you legally entitled to work in the U.S.? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
I identify my gender as / or pronouns I prefer are: _____				

POSITION
Position Desired (Job Title)
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodations? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Date Available

EDUCATION AND TRAINING
High School Graduate or General Education (GED) Test Passed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If no, listed highest grade completed:

EDUCATION AND TRAINING

MOST RECENT FIRST

School Name and Location		Dates Attended Month/Year	Credits Earned	
			Quarterly or Semester Hours	Other (Specify)
		From:		
		To:		
Graduate	Degree & Year	Major or Subject		
Yes: <input type="checkbox"/>				
No: <input type="checkbox"/>				
School Name and Location		Dates Attended Month/Year	Credits Earned	
			Quarterly or Semester Hours	Other (Specify)
		From:		
		To:		
Graduate	Degree & Year	Major or Subject		
Yes: <input type="checkbox"/>				
No: <input type="checkbox"/>				
School Name and Location		Dates Attended Month/Year	Credits Earned	
			Quarterly or Semester Hours	Other (Specify)
		From:		
		To:		
Graduate	Degree & Year	Major or Subject		
Yes: <input type="checkbox"/>				
No: <input type="checkbox"/>				
School Name and Location		Dates Attended Month/Year	Credits Earned	
			Quarterly or Semester Hours	Other (Specify)
		From:		
		To:		
Graduate	Degree & Year	Major or Subject		
Yes: <input type="checkbox"/>				
No: <input type="checkbox"/>				

Occupational License, Certificate, or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate, or Registration	Number	Where Issued	Expiration Date
Languages Read, Written or Spoken Fluently Other Than English			
VETERAN INFORMATION (MOST RECENT)			
Brach of Service	Date of Entry	Date of Discharge	

WORK EXPERIENCE			
Employer	Phone	From (Month/Year)	
Address			To (Month/Year)
Job Title	Supervisor		
Specific Duties			
Reason for Leaving			May We Contact This Employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employer	Phone	From (Month/Year)	
Address			To (Month/Year)
Job Title	Supervisor		
Specific Duties			
Reason for Leaving			May We Contact This Employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Employer	Phone	From (Month/Year)
Address		To (Month/Year)
Job Title	Supervisor	
Specific Duties		
Reason for Leaving		May We Contact This Employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Employer	Phone	From (Month/Year)
Address		To (Month/Year)
Job Title	Supervisor	
Specific Duties		
Reason for Leaving		May We Contact This Employer? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

By signing below, I certify that all the information I have provided is true, accurate and complete and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. I hereby authorize DLC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment.

Signature of Applicant

Date