

Juneau Alliance for Mental Health, Inc.
3406 Glacier Hwy
Juneau, Alaska 99801
Fax: 907-463-6858
HR@jamhi.org • www.jamhi.org



Providing Behavioral Health Services for the
Juneau Community since 1985.

PLEASE ATTACH CURRENT RESUME TO BE CONSIDERED

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

PERSONAL INFORMATION

Date: _____

Name: _____ Previous Name: _____
Last First Middle Last First Middle

Present Address: _____
Street or PO Box City State Zip

Permanent Address: _____
Street or PO Box City State Zip

Home Phone No: (____) _____ Business Phone No: (____) _____ Cell Phone (____) _____

Email Address: _____

Valid Alaska Driver's License: Yes No Commercial Endorsements: _____

Are you eligible for employment in the United States? Yes No

CONVICTIONS (The State of Alaska mandates a registry background check and fingerprint background check be performed prior to employment)

Have you ever been convicted of a felony? Yes No (If yes, please list convictions)

Have you ever been convicted of a crime involving a child or vulnerable adult? Yes No (If yes, please list convictions)

Have you been convicted of a misdemeanor within the past 5 years? Yes No (If yes, please list convictions)

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____

Are you employed now? Yes No If yes, can we contact your present employer? _____

Ever applied to this company before? Yes No When? _____

Referred by: _____

EDUCATION (Copies of Certified Transcripts, GED or HS Diploma will be required prior to employment)

Highest grade completed? ___1___2___3___4___5___6___7___8___9___10___11___12

If applicable, GED or High school Equivalency? Yes No

Years of Post High School Education? ___1___2___3___4___5___6___7___8___9___10

Name and Location of Higher Education Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1.					
2.					
3.					

GENERAL

Current Professional Licenses, Certificates, and Registrations (copies will be required prior to employment): _____

Have you ever been censured or had your license/certification/registration restricted or revoked? Yes No (If yes, explain)

U.S. Military Service: _____ Rank: _____ Present Membership in National Guard or Reserves: _____

SUPPLEMENTAL QUESTIONS (The supplemental questions must be answered in order to be considered for a position within our organization)

Please briefly highlight your education and/or experience to demonstrate how you meet the minimum qualifications for the position for which you are applying: _____

What do you know about Juneau Alliance for Mental Health Inc. and what attracted you to apply for a position within our organization?

What do you think are the key boundaries for Juneau Alliance for Mental Health Inc. staff to observe in relation to agency clientele?

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodations?

Yes No

FORMER EMPLOYERS (List the last three employers beginning with current employer. Verification will be performed as mandated)

Date: Month /Year	Employer name, location & phone	Salary	Position	Supervisor	Reason for Leaving
FROM:					
TO:					
FROM:					
TO:					
FROM:					
TO:					

PROFESSIONAL REFERENCES (Include references whom you have known for at least a year; two must be in supervisory role)

Name/Address	Phone	Title/Business	Years Acquainted
1.			
2.			
3.			

JAMHI is an equal opportunity employer. JAMHI does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age sex, sexual orientation, marital status, physical or mental disability, or military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for JAMHI to hire me. I attest with my signature below that I have given to JAMHI true and complete information on this application. No requested information has been concealed. I authorize JAMHI to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Applicant Signature

Date

Applicant Printed Name