

Juneau Alliance for Mental Health, Inc.  
3406 Glacier Hwy  
Juneau, Alaska 99801  
Fax: 907-463-6858  
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Providing Behavioral Health Services for the  
Juneau Community since 1985.

PLEASE ATTACH CURRENT RESUME

## APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)  
(An Equal Opportunity Employer)

### PERSONAL INFORMATION

DATE: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Year Completed: \_\_\_\_\_ 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)

Special Skills: \_\_\_\_\_

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

**SUPPLEMENTAL QUESTIONS**

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:					
FROM:					
TO:					

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**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