



Deishú (Haines), AK  
Dzánti K'ihéeni (Juneau), AK  
Kichxáan (Ketchikan), AK  
Lawaak (Klawock), AK  
Sheet'ká (Sitka), AK

We acknowledge that we live, work and learn on Tlingit Aaní.

## Application for Employment

We consider applicants for all positions without regard to disability, race, religion, color, national ancestry, age, marital status, parental status, pregnancy, gender, sexual orientation, gender identity or expression, veteran status, or disability status. SAIL is committed to developing and maintaining a diverse and inclusive workforce. If this application is not accessible to you in its current format, please reach out to SAIL at 800-478-7245.

## Personal Information

It is important to us that we refer to you how you would like to be referred to. If comfortable, please use your name and pronouns in the following section:

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**Full Name**

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**Pronouns**

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**Address, City, State, Zip Code**

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**Phone Number**

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**Email Address**

**What is your preferred method of communication?** \_\_\_\_\_

**If the preferred method of communication is by phone, when is the best time to reach you?**

**Are you 18 years of age or older?** \_\_\_ Yes \_\_\_ No

**How did you learn about SAIL?** \_\_\_\_\_

**Have you ever been arrested for or convicted of a misdemeanor or a felony?** \_\_\_ Yes \_\_\_ No

If yes, please give a brief explanation:

Conviction of a crime is not an automatic barrier to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job which you are applying for will be considered.

## Position Information

Which position are you applying for? \_\_\_\_\_

Which location? \_\_\_\_\_

Have you previously been employed by SAIL? \_\_\_\_ Yes \_\_\_\_ No

If yes, what dates and location? \_\_\_\_\_

Do you have any relatives currently employed at SAIL? \_\_\_\_ Yes \_\_\_\_ No

If yes, what name(s) and location? \_\_\_\_\_

What is your desired work schedule? \_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

Some positions at SAIL require occasional travel. Would you be able to travel if necessary? \_\_\_\_ Yes \_\_\_\_ No

SAIL does not require a cover letter as part of your application, however we'd like to get to know you! Please answer the following questions with detail.

**Why are you interested in this position?**

**Can you tell us about your background and why it would be a good fit for this position?**

**Do you have any special skills, training, or extra-curricular activities that you would like us to know about? Do you love to crochet? Enjoy kayaking? Know ASL? Have the patience of a kindergarten teacher? This is your chance to tell us about yourself. We define "special skills" broadly.**

# Education History

Have you received your GED or graduated from high school? ☐ Yes ☐ No

If so, where did you receive your GED or diploma? \_\_\_\_\_

Have you received any college, vocational or technical training? ☐ Yes ☐ No

If so,

\_\_\_\_\_

**Name of School**

\_\_\_\_\_

**Degree/Certification Earned**

# Employment History

This section should be completed with both paid and unpaid work experience. Please feel free to include any military or volunteer experience you wish to have included as part of your application.

## Present or Most Recent Position

\_\_\_\_\_

**Name of Employer**

\_\_\_\_\_

**Location**

\_\_\_\_\_

**Position Held**

\_\_\_\_\_

**Start Date**

\_\_\_\_\_

**End Date**

**Specific Responsibilities:**

**Supervisor's Name:** \_\_\_\_\_

Can we contact this person? ☐ Yes ☐ No

If so, please provide their phone number and email address: \_\_\_\_\_

## Previous Position (2)

\_\_\_\_\_

**Name of Employer**

\_\_\_\_\_

**Location**

\_\_\_\_\_

**Position Held**

\_\_\_\_\_

**Start Date**

\_\_\_\_\_

**End Date**

Specific Responsibilities:

Supervisor’s Name: \_\_\_\_\_

Can we contact this person? \_\_\_\_ Yes      \_\_\_\_No

If so, please provide their phone number and email address: \_\_\_\_\_

Previous Position (3)

_____		_____	
Name of Employer		Location	
_____		_____	
Position Held	Start Date	End Date	

Specific Responsibilities:

Supervisor’s Name: \_\_\_\_\_

Can we contact this person? \_\_\_\_ Yes      \_\_\_\_No

If so, please provide their phone number and email address: \_\_\_\_\_

References

Please let your references know SAIL may be contacting them.

Professional References

A professional reference is someone you know from work that can talk about your work ethic.

_____	_____	_____	_____
Name	Relationship	Phone Number	Email
_____	_____	_____	_____
Name	Relationship	Phone Number	Email
_____	_____	_____	_____
Name	Relationship	Phone Number	Email

**I certify that my answers are true and complete to the best of my knowledge.** If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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Signature

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Date

Gunalchéesh / Háv'aa / Thank You for your interest in working at SAIL. We appreciate the time you have taken to tell us more about yourself. Once the application has been submitted we will contact you with more information and next steps.

Gunalchéesh / Háv'aa / Thank you  
SAIL Team