

**DEPARTMENT OF RESIDENCE LIFE**

1872 Yukon Drive | Fairbanks, Alaska 99775

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RESIDENT ASSISTANT SUPPLEMENTAL APPLICATION

THIS SUPPLEMENTAL APPLICATION NEEDS TO BE ATTACHED TO YOUR APPLICATION through MyUA BY THE APPLICATION DEADLINE OF November 6, 2017 AT 5PM.

SUCCESSFUL APPLICANTS MUST BE AVAILABLE TO WORK FOR THE DURATION OF THE RA AGREEMENT, BEGINNING January 8, 2018 AT 9:30 AM THROUGH MAY 8, 2018 AT 6:00PM.

1**APPLICANT INFORMATION**

NAME			
	LAST NAME	FIRST NAME	MIDDLE NAME
CURRENT HALL		EMAIL	PHONE #
CURRENT ROOM NUMBER		UNIVERSITY OF ALASKA ID #	

2**EDUCATIONAL BACKGROUND** *(MOST RECENT COLLEGE EXPERIENCE FIRST)*

GPA LAST SEMESTER	CUMULATIVE GPA	CURRENT YEAR IN SCHOOL	1	2	3	4	5+	GR
INSTITUTION	DATES ATTENDED	DEGREE						
INSTITUTION	DATES ATTENDED	DEGREE						

3**COMMUNITY LIVING EXPERIENCE** - LIST YOUR RESIDENCE HALL OR OTHER GROUP LIVING EXPERIENCES (MOST RECENT EXPERIENCE FIRST)

HALL	DATES	TO	RA NAME
HALL	DATES	TO	RA NAME
HALL	DATES	TO	RA NAME

4**LEADERSHIP EXPERIENCE** - LIST ANY JOBS, VOLUNTEER WORK OR EXPERIENCES THAT HAVE PREPARED YOU FOR THIS POSITION.

ACTIVITY	DATES
ACTIVITY	DATES
ACTIVITY	DATES

5**JUDICIAL HISTORY** - LIST ANY JOBS, VOLUNTEER WORK OR EXPERIENCES THAT HAVE PREPARED YOU FOR THIS POSITION.

Have you ever been sanctioned for violations of residence hall or University policy? ☐ YES ☐ No

Have you ever been convicted of breaking a federal or state law? ☐ YES ☐ No

If yes, please explain: (A "Yes" response to the questions will not necessarily exclude you from further consideration.)

UAF RESIDENT ASSISTANT APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

6

HALL PREFERENCES

Please rank your preferences for residence hall placement on 1 to 5 scale (1 being your first choice). Placement is strongly based upon your ability to work with the needs and interests of the residents in each hall, as well as your fit with the staff team. Preferences will be considered, but are not guaranteed. Please rate all option that apply to you.

- | | | | | |
|-----------------------------------|---|-------------------------------------|---|--|
| <input type="checkbox"/> BARTLETT | <input type="checkbox"/> STEVENS (currently closed) | <input type="checkbox"/> MOORE | <input type="checkbox"/> NERLAND (currently closed) | <input type="checkbox"/> CUTLER APARTMENTS |
| <input type="checkbox"/> LATHROP | <input type="checkbox"/> SUSTAINABLE VILLAGE | <input type="checkbox"/> WICKERSHAM | <input type="checkbox"/> MCINTOSH | <input type="checkbox"/> SKARLAND |

7

CO-CURRICULAR COMMITMENTS

List any outside activities that you wish to participate in while employed as a RA. Please include community organizations, internships, on-campus activities, etc. Student Athletes and Student teachers are ineligible for the RA position.

ACTIVITY	<input type="text"/>	HOURS PER WEEK	<input type="text"/>
ACTIVITY	<input type="text"/>	HOURS PER WEEK	<input type="text"/>
ACTIVITY	<input type="text"/>	HOURS PER WEEK	<input type="text"/>

8

QUESTIONS

Each question response should be (1) 400 words or less, (2) typed, (3) 11 font size, and (4) Times New Roman font. Include your full name on all attached response sheets.

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| 1. EXPLAIN WHY YOU ARE INTERESTED IN THE RESIDENT ASSISTANT POSITION AT UAF? | 3. EXPLAIN HOW THE RA POSITION WILL HELP YOU IN ACHIEVING YOUR CAREER GOALS? |
| 2. WHAT WILL YOU OFFER TO THE RA POSITION? | |

9

PERSONAL REFERENCES - LIST YOUR RESIDENCE HALL OR OTHER GROUP LIVING EXPERIENCES (MOST RECENT EXPERIENCE FIRST)

Please ask three (3) people to complete a reference for you and provide their names below. Reference forms **MUST** be returned to Residence Life by the application deadline in order for your application to be considered.

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|---|--|
| 1. If you currently reside on campus one reference must be completed by a RA - either by your current RA or by a past RA. | 2. The other reference should be completed by a previous/current employer or any member of the university community - including faculty, staff, or other students. Relatives and RD/ARDs are not permitted to complete a reference on your behalf. |
|---|--|

NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>	PHONE #	<input type="text"/>
NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>	PHONE #	<input type="text"/>
NAME	<input type="text"/>	RELATIONSHIP	<input type="text"/>	PHONE #	<input type="text"/>

10

APPLICANT SIGNATURE

I UNDERSTAND THAT BY MY SUBMISSION OF THIS APPLICATION, I AUTHORIZE THE UAF DEPARTMENT OF RESIDENCE LIFE TO REVIEW BOTH MY ACADEMIC AND DISCIPLINARY RECORD TO VERIFY THE INFORMATION RECORDED IN THIS APPLICATION TO BE TRUE.

APPLICANT'S SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
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