



Adult Day Services

744 E 13th Ave • Anchorage, AK 99501
Office: 907-644-0480 • Fax: 907-644-4655
Socialization • Recreation • Transportation

APPLICATION FOR EMPLOYMENT

Name (last, first, MI): _____ Date: _____

Social Security Number: _____ Are you 21 years or older? Y N

Current Address: _____

Phone Number(s): _____

E-Mail Address: _____

DESIRED EMPLOYMENT

Position Desired: _____ Date available to start: _____

Salary Desired: _____ How did you hear about this position? _____

Are you presently employed? Y N If so, may we enquire of your present employer? Y N

EMPLOYMENT HISTORY *If possible, please provide at least 5 years of employment history.*

1) Most recent employer: _____ Dates worked: _____

Position: _____ Supervisor: _____ Contact number: _____

Job Description: _____

2) Next most recent employer: _____ Dates worked: _____

Position: _____ Supervisor: _____ Contact number: _____

Job Description: _____

3) Next most recent employer: _____ Dates worked: _____

Position: _____ Supervisor: _____ Contact number: _____

Job Description: _____

EDUCATION

High School: _____ Dates attended: _____ Did you graduate? Y N

College, University, Trade Schools: _____

Dates attended: _____ Subjects studied: _____

Diploma or certificate? Y N If "yes", what type? _____

BACKGROUND

Were you a member of the Armed Services? Y N Branch: _____ Discharge date: _____

Is there ANYTHING on your record that would prevent you from passing a background check (e.g. being convicted of a crime in the past 5 years)? Y N

If "yes" explain: _____

Are you a registered sex offender? Y N

Do you have at least 5 years of driving experience? Y N Can you safely lift 25-50 pounds? Y N

PROFESSIONAL REFERENCES *No family members or friends, please.*

1) Name _____ Relationship _____ Years Known _____

Phone Number _____ E-Mail Address _____

2) Name _____ Relationship _____ Years Known _____

Phone Number _____ E-Mail Address _____

3) Name _____ Relationship _____ Years Known _____

Phone Number _____ E-Mail Address _____

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION (INCLUDING CREDIT CHECKS AND/ OR OTHER LEGAL MEANS TO VERIFY POTENTIAL EMPLOYMENT) OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE _____ DATE _____