



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 \_\_\_\_\_