



Employment Application

Name _____ Social Security Number _____

Mailing Address: _____ Telephone Number: _____

Are you 18 or older? Yes ___No___

Position Applying For: _____

Education

Name of High School: _____ Did you graduate? Yes___No___

Highest grade completed _____

Name of College: _____ Degree: _____

Dates Attended: _____ Major Field of Study: _____

Name of College: _____ Degree: _____

Dates Attended: _____ Major Field of Study: _____

Technical or Vocational: _____

Dates Attended: _____ Major Field of Study _____

Other Training: _____

Professional Licenses or Memberships: _____

Are you willing to participate in continuing education and training for this position? _____

Employment History

Employer: _____ Position: _____

Address: _____ Phone: _____

Dates of Employment: _____ Supervisor: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ Phone: _____

Dates of Employment: _____ Supervisor: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ Phone: _____

Dates of Employment: _____ Supervisor: _____

Duties: _____

Reason for Leaving: _____

Additional Experience

Describe any other relevant experience, training or skills you have. Include volunteer work. Give details, locations, supervisors, etc.

References

List at least three persons, including two who are not related to you, who can comment on your character and your ability to work with children.

Name	Address(street, city, state, zip)	Phone Number
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May we contact your present employer? Yes___No___

Personal History

Have you been previously licensed to care for children? Yes___No___

Explanation: _____

Have you ever had a license to care for children revoked or denied in Alaska or any other state?
Yes___No___

Explanation: _____

Have you ever been investigated for child abuse or neglect? Yes ___ No ___

Explanation: _____

Do you have a physical, health, mental health or behavioral problem that might pose a risk to the health, safety, or well-being of children? Yes ___ No ___

Explanation: _____

Have you been involved in a domestic violence incident within the last 10 years or do you have an alcohol or substance abuse problem that might pose a risk to the health, safety or well-being of children?

Yes ___ No ___

Explanation: _____

Have you been convicted of a crime or charged with a criminal offense in the last 10 years?

Yes ___ No ___

Explanation: _____

Have you ever been convicted of or charged with a sex crime? Yes ___ No ___

Explanation: _____

I certify that the contents of this form and information provided with it are true, accurate, and complete. I authorize that employer to contact persons listed as references and I understand that the employer may contact others to verify information contained here. I understand that all employment is dependent on State and Federal background checks.

Signature

Date