



APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____

MAILING ADDRESS: _____ PHONE # _____

CELL PHONE # _____ Have you ever been employed here before? Yes (Dates _____) No

I am interested in working with: Children People with Disabilities Seniors
 Other _____

Date available for work _____
 Type of employment desired: Full-time Part-time Temporary Seasonal

Are you legally eligible for employment in this country? Yes No
 (Proof of citizenship or immigration status will be required upon employment)

Have you ever been convicted of a felony or convicted of abuse of a minor or vulnerable adult? Yes No
 (Such conviction may be relevant if job-related but does not necessarily bar you from employment)

If YES, please explain: _____

Have you ever been on or notified that you may be included on the Medicaid Exclusion List as maintained by the Office of Inspector General for the Federal Department of Health and Human Services? Yes No

If YES, please explain: _____

Have you ever been convicted of a DUI or DWI? Yes No. If yes, date of conviction _____
 (Such conviction may be relevant if job-related but does not necessarily bar you from employment)

Driver's license # (if required for job) _____ State _____

PROFESSIONAL REFERENCES (at least 2 past supervisors)

NAME	RELATIONSHIP	ADDRESS	PHONE
1.	Supervisor		
2.	Supervisor		
3.			
4.			

- * I have supplied Community Connections with all pertinent education and work history which relates to the qualifications given for the above position.
- * I understand I am required to supply Community Connections with TB test results and follow the required background check procedure.
- * By submitting my application, I agree to a background check, including web based name searches, State of Alaska provisional search and FBI fingerprinting. In the event that these background checks show that I've been convicted of a "barred crime" (as defined by the State of Alaska), I understand that Community Connections will contact me and that I may be barred from working at Community Connections.
- * I understand that in the position I am applying for, I may be at potential risk of being exposed to blood borne pathogens or other health and safety hazards. I also understand that Community Connections is committed to assuring I will be trained in the observance of safety and health hazards and proper safety work practices. I am **(please initial)** ___ willing to participate in this kind of training, as needed.
- * I authorize Community Connections to contact and investigate my application and work history. I understand that false or misleading statements may result in rejection of the application or, if employed, termination of employment.

Signature _____ Date _____

**An Equal Opportunity Employer
NOTICE OF NONDISCRIMINATION**

As a recipient of Federal financial assistance, Community Connections does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Community Connections directly or through a contractor or any other entity with whom Community Connections arranges to carry out its programs and activities.

This statement is in accordance with the provision of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84 and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of questions concerning this statement, or in the event of a desire to file a complaint alleging violations of the above, please contact Community Connections' Executive Director at (907) 225-7825, or contact:

**OFFICE FOR CIVIL RIGHTS
U.S. Department of Health and Human Services - Region X
2201 Sixth Avenue, Suite 900
Seattle, Washington
98121-1831**

**(206) 615-2290 (Voice); (800) 362-1710; (206) 615-2296
(TDD)**

reg10.ocrmail@hhs.gov

COMMUNITY CONNECTIONS RESUME FORM

(If resume is attached, must fill out all sections except education and employment history)

NAME _____

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment, volunteer work, or other experiences that may qualify you for work with our agency: _____

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
COLLEGE			
HIGH SCHOOL			
OTHER			

EMPLOYMENT HISTORY: List you last four (4) employers, assignments or volunteer activities, beginning with your current or most recent. Please include military experience.

From _____ To _____ Employer _____ Telephone _____

Address _____ Immediate Supervisor & Title _____

Your Job Title _____ Nature Of Work Performed _____

Reason for Leaving _____ Hour rate/salary start _____ final _____

From _____ To _____ Employer _____ Telephone _____

Address _____ Immediate Supervisor & Title _____

Your Job Title _____ Nature Of Work Performed _____

Reason for Leaving _____ Hour rate/salary start _____ final _____

From _____ To _____ Employer _____ Telephone _____

Address _____ Immediate Supervisor & Title _____

Your Job Title _____ Nature Of Work Performed _____

Reason for Leaving _____ Hour rate/salary start _____ final _____

From _____ To _____ Employer _____ Telephone _____

Address _____ Immediate Supervisor & Title _____

Your Job Title _____ Nature Of Work Performed _____

Reason for Leaving _____ Hour rate/salary start _____ final _____

OTHER SKILLS, QUALIFICATIONS AND IMPORTANT INFORMATION:

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair: _____

Professional licenses, Certifications or Registrations: _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: _____

Why do you want to work with people with disabilities? _____

When would you be available for work? Mornings Afternoons Evenings Saturday Sunday

How many hours per week? _____ Do you have your own transportation? _____

Where did you hear about this job position? Job Center Newspaper Friends Facebook Internet Search

Community Connections Customer Community Connections Website

Other _____