



Alaska Children's Services

Serving Alaska's children and their families since 1890.

Alaska Children's Services is a nationally accredited non-profit agency providing quality psychiatric treatment in residential, foster care and home-based settings for more than 125 children and adolescents from across the state. ACS offers a competitive wage and benefit package, excellent human service career opportunities, and the security of a well-established Anchorage agency. Alaska Children's Services is an equal opportunity employer. If you need any assistance with the application process, please contact the Human Resources Department.

APPLICATION FOR EMPLOYMENT

Please complete this entire application even if you attach a resume.

How Did You Hear About Us?		
<input type="checkbox"/> Advertisement in Anchorage Daily News	<input type="checkbox"/> State Employment Service	<input type="checkbox"/> Staff at agency (Name of staff: _____)
<input type="checkbox"/> University/College Referral	<input type="checkbox"/> Internet Posting	<input type="checkbox"/> Other: (please state) _____
<input type="checkbox"/> University/College Advertisement	Name of site: _____	

Last Name	First Name	Middle Name	Date of Application	Social Security Number
Mailing Address		City	State	Zip Code
				Phone Number(s)

Position Desired:	<input type="checkbox"/> Full-time	What days and/or hours are you NOT available to work?
<input type="checkbox"/> Psychiatric Treatment Counselor	<input type="checkbox"/> Part-time (# of hours _____)	When could you begin employment?
<input type="checkbox"/> Activity Therapist	<input type="checkbox"/> On-Call / Relief	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever worked for Alaska Children's Services before? If yes, in what position?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you related to anyone currently on the Board of Directors of Alaska Children's Services? If yes, who?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	All positions may require driving. Do you have a current Alaska Driver's License? If no, will you be able to obtain one?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Can you provide documentation to verify your eligibility to work in the United States?
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A	If applying to work directly with clients, are you at least 21 years of age (per state licensing regulations)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had any traffic or motor vehicle violations in any state over past three years. If yes, explain.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of a misdemeanor or felony OR are you currently under indictment for a charge? If yes, explain.

The Alaska Division of Family and Youth Services licensing regulations prohibit the hire of individuals under indictment, charged by information or complaint, or convicted for actions delineated in licensing regulation 7AAC50.210 and its corresponding state statutes.

EDUCATIONAL HISTORY (You may be required to provide verification of your degree or hours earned.)

High School Name	Course of Study	Last year completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State		1 2 3 4	I received a <input type="checkbox"/> Diploma <input type="checkbox"/> GED Certificate
College/University	Course of Study	Credit Hours Earned	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State			Degree obtained:
College/University	Course of Study	Credit Hours Earned	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/State			Degree obtained:

PERSONAL REFERENCES (List two references, not relatives or employers, who have knowledge of your character.)

Name	Mailing Address
Telephone number	
Name	Mailing Address
Telephone number	

EMPLOYMENT HISTORY: (Cover the past 10 years, starting with your most recent position. Include relevant internships/volunteer experiences.)

From	To	Employer	Supervisor	Telephone ()	
Job Title		Address		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Salary		Briefly describe responsibilities:			Avg. hours per week
Reason for leaving/wanting to leave					

From	To	Employer	Supervisor	Telephone ()	
Job Title		Address		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Salary		Briefly describe responsibilities:			Avg. hours per week
Reason for leaving					

From	To	Employer	Supervisor	Telephone ()	
Job Title		Address		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Salary		Briefly describe responsibilities:			Avg. hours per week
Reason for leaving					

From	To	Employer	Supervisor	Telephone ()	
Job Title		Address		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Salary		Briefly describe responsibilities:			Avg. hours per week
Reason for leaving					

(Attach additional page if necessary.)

I certify that the information supplied by me is true and correct to the best of my knowledge and that I have not knowingly withheld or falsified any fact or circumstance. I understand that, if employed, false statements on this application will be considered sufficient grounds for immediate dismissal.

I understand that my initial and continued employment, if such an agreement is reached, is subject to

1. Obtaining and renewing any and all permits, licenses, or registrations to practice, serve, or work as may be required,
2. Verification of my identify and eligibility to work in the United States,
3. Verification that I am not on the Office of Inspector General's exclusionary list for participation in federal health care programs.
4. Verification that I am free of active tuberculosis,
5. Certification through a post-offer physical examination of my ability to perform certain functions of the job (if required for the position),
6. Receipt of a satisfactory criminal background check,
7. Receipt of a satisfactory Division of Motor Vehicles driving record (if required for the position).

I understand that, if employed,

1. I must observe all Alaska Children's Services/ policies and procedures,
2. I may be transferred to another department and/or shift,
3. The amount of time I am scheduled to work may be adjusted at the sole discretion of Alaska Children's Services,
4. No Alaska Children's Services employee other than the President & CEO has the authority to enter into any employment agreement for any specific period of time and in writing,
5. I am employed without commitment to duration of employment due to fiscal uncertainties, fluctuations in student census, and other business reasons. This means that I may resign or that Alaska Children's Services may terminate the employment relationship at any time.

I understand the above information and acknowledge that these are conditions of employment if such an agreement is reached.

**Employment
Verification
Release**

I understand that the information on this application is subject to check and verification by Alaska Children's Services and that any of the employers I have listed on my application or resume may be asked for information relative to my character and employment record with them. I hereby release from all liability and damage those individuals or companies who provide such information. Reproduced copies of this certification may be used as authorizations for the release of information between my previous employer and Alaska Children's Services.

Applicant Signature: _____ Date: _____