



ANCHORAGE SENIOR CENTER

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position Applying For	Email Address
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Name (Last, First, Middle)	Home Phone Number
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Residence Address	Work Phone Number
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Mailing Address Street	City	State	Zip Code	Social Security Number
Physical Address Street	City	State	Zip Code	

Are you at least 18 years of age? Yes No Do you have a legal right to accept employment in the United States? Yes No

Criminal Convictions — Have you ever been convicted of any violation of the law other than minor traffic violations? Yes No
 If yes, provide nature of conviction(s), date(s), and sentence(s) (A DUI/DWI must be listed)

Do you have a current Driver's License? Yes No If yes, complete the following:

License Number	Expiration Date	State of Issue	If CDL, indicate level	List CDL Endorsements
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If offered employment, when can you start? _____ Salary Desired: _____

EDUCATION

Secondary Education

Do you have a High School Diploma or GED Certificate? Yes No Date Received _____

Name of School Attended _____ City _____ State _____

College, University or Graduate Schools

Name and Location of School	Dates Attended	Total Credit Hours		Major/Minor or Subjects Taken	Degree and Year Received
		Semester	Quarter		
	From:				
	To:				
	From:				
	To:				
	From:				
	To:				

Technical or Vocational Schools

Name and Location of School	Dates Attended	Total Credit Hours		Major/Minor or Subjects Taken	Degree and Year Received
		Semester	Quarter		
	From:				
	To:				
	From:				
	To:				

EMPLOYMENT HISTORY

Describe all work history beginning with your current or most recent job. Include volunteer and military experience, including military rank. Do not write "See Resume." Use additional pages if necessary. Failure to provide complete and accurate information regarding each job held, including providing misleading or false information, may result in disqualification for the position or termination upon discovery.

Job Title		
Name of Employer		
Address of Employer		
Employment Dates		
Hours Per Week		Ending Pay
Name of Supervisor		
Phone of Supervisor	Reason for Leaving	

Job Title		
Name of Employer		
Address of Employer		
Employment Dates		
Hours Per Week		Ending Pay
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Job Title		
Name of Employer		
Address of Employer		
Employment Dates		
Hours Per Week		Ending Pay
Name of Supervisor		
Phone of Supervisor	Reason for Leaving	

Job Title		Duties/Responsibilities
Name of Employer		
Address of Employer		
Employment Dates		
Hours Per Week	Ending Pay	
Name of Supervisor		
Phone of Supervisor		Reason for Leaving

Job Title		Duties/Responsibilities
Name of Employer		
Address of Employer		
Employment Dates		
Hours Per Week	Ending Pay	
Name of Supervisor		
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Job Title		Duties/Responsibilities
Name of Employer		
Address of Employer		
Employment Dates		
Hours Per Week	Ending Pay	
Name of Supervisor		
Phone of Supervisor		Reason for Leaving

Do you have any relatives currently employed by the Anchorage Senior Center? Yes No If yes, please specify name(s) and department(s):

EMPLOYMENT REFERENCES

List three professional references (References must be former/current supervisors or co-workers)

Name	Job Association, Title and Company Name	
Address		Phone Number
Name	Job Association, Title and Company Name	
Address		Phone Number
Name	Job Association, Title and Company Name	
Address		Phone Number

CERTIFICATIONS, LICENSES, REGISTRATIONS

<u>List Current Professional Licenses, Certificates and/or Registrations</u>	Date Obtained
<u>List any types of software and programs you have used.</u>	
<u>List any other special qualifications, skills, and/or abilities.</u>	

APPLICANT AUTHORIZATION AND CERTIFICATION

I authorize the Anchorage Senior Center (ASC) to obtain any information relating to the facts provided in this application from schools, employers, criminal justice agencies, individuals, etc. This information may include, but is not limited to, academic, performance, attendance, achievement, personal history, disciplinary, arrest and conviction records. I direct you to release such information to the ASC regardless of any agreement I may have with you previously to the contrary. I release any employer, including individuals such as records custodians, from any and all liability for damages of whatever kind or nature which may at any time result on account of compliance, or any attempts to comply with this authorization.

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Executive Director under the directives of the Executive Board of the Anchorage Senior Center. I understand that this application is not a contract of employment.

I certify that the statements contained herein are true to the best of my knowledge. I understand that any incomplete, inaccurate, misleading false and/or incorrect information may result in rejection of my application, disqualification from consideration may render an appointment void and/or can be cause for my dismissal upon acceptance of employment.

I agree to submit to such tests and physical and/or mental examinations as the ASC may require.

Signature

Date