



## Employment Application

Alzheimer's Resource of Alaska is an equal opportunity employer. Qualified individuals are considered for employment without regard to race, color, age, sex, religion, national origin, disability or marital status.

Last Name	First Name	MI	Date
Mailing Address		City	State Zip
Home Phone	Work Phone	Cell Phone	Email Address

I am interested in applying for: <input type="checkbox"/> In-Home Worker <input type="checkbox"/> Personal Care Assistant	How did you hear about Alzheimer's Resource of Alaska? <input type="checkbox"/> Website <input type="checkbox"/> Career/Job Fair <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Employee <input type="checkbox"/> Job Poster <input type="checkbox"/> Internet Other _____
Can you provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, or plead no contest to:                      Misdemeanor <input type="checkbox"/> Yes <input type="checkbox"/> No                      Felony <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details here:	

**AVAILABILITY:** We provide services 24 hours/day, seven days a week. Please indicate which days of the week you are available to work. Include the earliest time and the latest time you would be willing and able to work.

Days of week and times of day you <b>ARE</b> available to work	Days of week and times of day you are <b>NOT</b> available to work
Number of hours you would like to work each week _____	Are you available for sleepover shifts? <input type="checkbox"/> 12hours <input type="checkbox"/> 24hours

**TRANSPORTATION:** Workers may be required to transport clients and complete other tasks by vehicle.

Do you have dependable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver License #	State Issued	Expiration Date
Insurance Company		Policy Number	
List any restrictions on your license:			

**EDUCATION/LICENSES/CERTIFICATIONS**

School Name	City/State	Date of Graduation	Degree/Subjects
High School			
College/University			
Other Training/Certificate(CNA,PCA,etc)			
First Aid Expiration Date	CPR Expiration Date	Negative TB screening <input type="checkbox"/> Yes <input type="checkbox"/> No	
Languages Spoken:			

**SKILLS:** Please check all tasks you have received training for and/or feel comfortable providing to both male and female elders.

- |  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Bathing           | <input type="checkbox"/> Gaitbelt use         | <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Clean Kitchen               | <input type="checkbox"/> Chop/haul wood        |
| <input type="checkbox"/> Dressing          | <input type="checkbox"/> Hoyer lift           | <input type="checkbox"/> Driving          | <input type="checkbox"/> Laundry                     | <input type="checkbox"/> Haul water/fuel oil   |
| <input type="checkbox"/> Grooming          | <input type="checkbox"/> Shower bench         | <input type="checkbox"/> Vacuuming        | <input type="checkbox"/> Change bed linens           | <input type="checkbox"/> Emptying human waste  |
| <input type="checkbox"/> Incontinence Care | <input type="checkbox"/> Medication Reminders | <input type="checkbox"/> Mopping          | <input type="checkbox"/> Experience with Alzheimer's | <input type="checkbox"/> Stand-by assistance   |
| <input type="checkbox"/> Toileting         | <input type="checkbox"/> Meal Planning        | <input type="checkbox"/> Dusting          | <input type="checkbox"/> Experience with Dementia    | <input type="checkbox"/> Ambulation assistance |
| <input type="checkbox"/> Transfers         | <input type="checkbox"/> Meal Preparation     | <input type="checkbox"/> Clean Bathroom   | <input type="checkbox"/> Shoveling walkway           | <input type="checkbox"/> Wheelchair use        |

**EXPERIENCE**

Please tell us about your trainings and experience you have working with elders.

What do you enjoy the most when working with elders?

What do you enjoy the least when working with elders?

## EMPLOYMENT HISTORY

Start with your current or most recent job and list your employment history. *You may attach a resume, however you must complete this application as well or you will not be considered for employment.* Please include self-employment, volunteer experience, summer jobs, part-time jobs and hands-on care provided to family members.

If more space is required, please continue on a separate sheet.

Dates Worked From                      To	Hrs/Week	Starting Pay	Ending Pay	Job Title
Current or Last Employer		City, State		Description of Duties
Supervisor's Name		Telephone		
Reason for Leaving				
Dates Worked From                      To	Hrs/Week	Starting Pay	Ending Pay	Job Title
Employer		City, State		Description of Duties
Supervisor's Name		Telephone		
Reason for Leaving				
Dates Worked From                      To	Hrs/Week	Starting Pay	Ending Pay	Job Title
Employer		City, State		Description of Duties
Supervisor's Name		Telephone		
Reason for Leaving				
Dates Worked From                      To	Hrs/Week	Starting Pay	Ending Pay	Job Title
Employer		City, State		Description of Duties
Supervisor's Name		Telephone		
Reason for Leaving				
Dates Worked From                      To	Hrs/Week	Starting Pay	Ending Pay	Job Title
Employer		City, State		Description of Duties
Supervisor's Name		Telephone		
Reason for Leaving				

**REFERENCES**

Please provide a minimum of three (3) references, two of which must be previous or current supervisors.

Name	Daytime Phone Number	Relationship and years known
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I authorize the Alzheimer's Disease Resource Agency of Alaska, Inc., their staff and representatives to consult (via telephone or written communication) persons with whom I may have been associated including past and present employers and references who may have information pertinent to my competence, character and ethics. I release from liability all representatives of the Alzheimer's Disease Resource Agency of Alaska, Inc. for their acts performed in good faith and without malice in connection with evaluating my application.

I understand that Alzheimer's Disease Resource Agency of Alaska may request information from public and private sources about my workers' compensation injuries, driving record, court record, education, credentials, credit and references.

I authorize individuals, schools, companies and law enforcement authorities to release any information concerning my background. I release from liability all individuals, schools, companies and law enforcement authorities who provide information to the Alzheimer's Disease Resource Agency of Alaska, Inc. in good faith and without malice concerning my competence, character, ethics and other qualifications.

I certify that I have read and understand the information and instructions on this form. That all statements made on this application are true and complete to the best of my knowledge. Any false statements, omissions, or misrepresentation of facts on this application or during interviews will subject me to disqualification or immediate dismissal at any time during employment.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date