

EMPLOYMENT APPLICATION

1057 W. Fireweed Lane Suite 102, Anchorage, Alaska, 99503 Phone: (907) 263-2050 Fax: (907) 263-2051

| Position(s) Desired: | Desired Salary: |
|-----------------------|-----------------|
| Days/Hours Available: | |

PERSONAL INFORMATION

| Last Name | First | | Initial | Date of | f Applicatio | on |
|--|--|-------------------|--------------|-------------|--------------|-----|
| | | | | | | |
| Mailing Addr | ess: Street or P.O. Box | (| City | State | | Zip |
| | | | | | | |
| Telephone Nu | imbers | | | | | |
| Home () | Work (|) | | ne/Pager (|) | |
| E-mail Addre | SS | | Social Secu | rity Number | | |
| Are you a U.S | citizen? | | | | Yes | No |
| | n you show proof of authoriza | tion to work in | n the U.S.? | | ☐ Yes | |
| Are you at lea | st 18 years of age? | | | | Yes | No |
| | r filed an application with us b | | | | Yes | No |
| Have you ever been convicted of a misdemeanor or felony? (Conviction will not necessarily disqualify an applicant from employment.) If Yes, explanation required: | | | | Yes | □No | |
| | es are required to complete a | state and fed | eral backgr | ound check. | | |
| Certain jobs at The Alaskan AIDS Assistance Association require the employee to drive. (If you are required to drive you will be required to sign a release of information regarding your driving record.) | | | | | | |
| | Do you have a current, valid record? | driver's licens | e and a good | 1 driving | Yes | No |
| b. | Do you have use of a vehicle | ? | | | Yes | No |
| c. | Do you have proof of automostate requirements? | obile liability i | nsurance wit | th minimum | Yes | No |

College/University/Graduate School

| Name & Location of School | Area of Specialization | Dates of Attendance | Degree |
|---------------------------|------------------------|---------------------|--------|
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| | | | |

Other Education, Certification, Training or Significant Skills (applicable to the job)

| EMPLOYMENT HISTORY- List present and former employers starting with most recent. | | | | |
|--|---|---------------------------------|-----------------|--|
| Employed From | Employer | Supervisor Name | Starting Salary | |
| Employed Until / / | Employer Address | Supervisor Phone # | Ending Salary | |
| Job Title | | Reason for Leaving | | |
| May we conta | May we contact employer? Yes No Employed: Full-time Part-time | | rt-time | |
| Duties & Resj | ponsibilities | | | |
| Employed From | Employer | Supervisor Name | Starting Salary | |
| Employed Until / / | Employer Address | Supervisor Phone # | Ending Salary | |
| Job Title | | Reason for Leaving | | |
| May we contact employer? □ Yes□ No | | Employed: Full-time Part-time | | |
| Duties & Responsibilities | | | | |

| Yes |
|-----|
|-----|

| Employed From | Employer Name | Supervisor Name | Starting Salary | |
|--------------------------|-------------------------|-------------------------------------|-----------------|--|
| Employed Until / / | Employer Address | Supervisor Phone # | Ending Salary | |
| Job Title | | Reason for Leaving | | |
| May we conta | ict employer? □ Yes□ No | Employed: □ Full-time □ Part-time | | |
| Duties & Res | ponsibilities | | | |
| | | | | |
| | | | | |
| | | | | |

REFERENCES

| NAME | TITLE | PHONE NUMBER | Yrs KNOWN |
|------|-------|--------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

REASONABLE ACCOMMODATIN POLICY

This document is available in alternative formats upon request. If you need a special accommodation to fully participate in this program/event, please contact Four A's at (907) 263-2050. Please allow sufficient time to arrange the accommodation.

APPLICANT'S CERTIFICATION

I certify that the answers given by me to the above questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment.

I authorize Four A's, as part of its evaluation for employment, to contact all references and my previous supervisors to secure information concerning my skills, character, and ability.

I understand and agree that, if I am employed, I will be an at-will employee and the company may terminate my employment at any time and for no reason without prior notice. I further acknowledge and agree that no manager or representative of Four A's is authorized to make assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Four A's Executive Director.

I also understand that if hired, I will be required to provide proof of identity & legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

The Four A's is an Equal Employment Opportunity employer and proudly promotes diversity.

We are proud to be a

DRUG-FREE

Workplace

<u>Notice to Applicants and Employees</u> Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature

Date