

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

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