

APPLICATION FOR EMPLOYMENT

Please PRINT all information requested and initial and sign all sworn statements. Fax: (907) 333-4383 Email: kimm@choices-ak.org Mail: CHOICES, Inc 1231 Gambell St, Ste 300 Anchorage, AK 99501	Please complete the CHOICES Inc. application in full. Resumes may be attached but NOT as a substitute. Only applications that are complete, legible, and signed will be considered. Please check a box below: Applying for Employment <input type="checkbox"/> Volunteer <input type="checkbox"/>	For Office Use Only
Position(s) Applied for: _____ Date: _____		
Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div>		
Mailing Address: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip </div>		
Phone Numbers: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Home Work Other </div>		
Social Security Number: _____	Are you a Veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you a United States Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>

[Applicants must be over the age of 18.]

YES	NO	
		1. Have you ever been employed with CHOICES Inc. before? If yes, when?
		2. Do you have a friend or relative employed at CHOICES Inc.? If so, who?
		3. Are you currently employed?
		4. May we contact your present employer?
		5. Are you currently on "lay off" status, subject to recall?
		6. Have you read the Job Description of the position for which you are applying?
		7. Only respond to this question if you answered yes to "# 6" above: Can you satisfy the attendance, physical requirements and other essential functions of this job?

EDUCATION:

School Name	Location	Diploma/Degree	Studies	# of years
High School				
Trade/Professional School				
College/University				

Policies/Human Resources/Hiring and Selection

Graduate School			
License/Certification:	Number	Type	Expiration

Have you ever had a professional license? Yes No

If so, has your professional license ever been revoked, suspended or been placed on probationary status? Yes No

If yes, was it eligible for reinstatement? Yes No

Did you apply for reinstatement? Yes No

If so, was your reinstatement granted? Yes No

Please describe the circumstances of the professional license revocation, suspension or probationary status, if any, in the space provided below (License revocations, suspensions or probations are not an automatic bar to employment; provided, however, that some positions require applicants to hold a license in good standing).

Specialized Training/Workshops:

Honors/Awards:

Special Job-Related Skills and Qualifications from Employment or Other Experience:

Professional, Trade, Business, Civic Organizations, Public Office, or Volunteer Work:

Briefly tell us about yourself and your qualifications:
 (Please do not say "See Resume")

EMPLOYMENT EXPERIENCE (Most current first)

Employer			From (Mo/Yr)
Street or P.O. Address			To (Mo/Yr)
City, State, Zip			Phone Number w/Area Code
Job Title			Supervi sor
Reason for Leaving	Supervisory Responsibilit ies	Ye s	N o Salary
Specific Duties _____			

Employer	From (Mo/Yr)
Street or P.O. Address	To (Mo/Yr)
City, State, Zip	Phone Number w/Area Code
Job Title	Supervi sor
Reason for Leaving	Salary
Specific Duties _____	
Employer	From (Mo/Yr)
Street or P.O. Address	To (Mo/Yr)

City, State, Zip				Phone Number w/Area Code
Job Title				Supervisor
Reason for Leaving				Salary
Specific Duties				
Employer				From (Mo/Yr)
Street or P.O. Address				To (Mo/Yr)
City, State, Zip				Phone Number w/Area Code
Job Title				Supervisor
Reason for Leaving			Supervisory Responsibilities	Yes No
				Salary
Specific Duties				

(Add additional pages if necessary for Employment Experience)

EMPLOYMENT REFERENCES

Name	Address	Phone Number
1.		
2.		

CHARACTER REFERENCES

Name	Address	Phone Number
1.		
2.		
3.		

CHOICES Inc. is an Equal Employment Opportunity Employer and does not discriminate employment on the basis of race, color, religion, sex, national origin, disability, age, sexual orientation, or any other category protected under federal, state, or local law.

SWORN STATEMENT

I do swear or affirm that: *(initial each statement that applies to you)*

_____ **I have never** been convicted (including offenses for which a Suspended Imposition of Sentence was granted) of a felony; a misdemeanor involving drugs or physical or sexual abuse; or a misdemeanor involving alcohol.

_____ **I have never** left a job voluntarily or under duress in order to avoid being fired nor have I ever accepted being laid off to avoid termination or other negative consequences. (If you are unable to affirm this statement is true, please describe the circumstances in a separate attachment. Failure to affirm this statement will not be an automatic bar to employment and all relevant circumstances will be considered).

_____ **I have never** been found to have committed a breach of professional ethical standards, nor have I ever agreed to being fined or otherwise censured to avoid criminal charges or being fired or otherwise terminated. (If you are unable to affirm this statement is true, please describe the circumstances in a separate attachment).

Failure to affirm this statement will not be an automatic bar to employment and all relevant circumstances will be considered).

_____ If applying for a position that requires driving, **I have not** been ticketed for a moving traffic violation or driving while intoxicated within the last 5 years.

_____ **I have not** been prevented from lawfully becoming employed in this country because of Visa or Immigration Status. (Proof of citizenship or immigration status will be required upon employment.)

_____ **I have been** convicted of a felony; a misdemeanor involving drugs or a physical or sexual abuse; or a misdemeanor involving alcohol. I am willing to provide evidence that I do not pose a risk to the clients with whom I will be working and will not adversely affect the safety or effective operation of the program or agency. (Convictions are **not** an automatic bar to employment.)

AVAILABILITY

On what date will you be available for work?	Available for:	Full Time?	Part Time?	Days?	Nights?	Weekends?
Can you travel if the job requires it?						
State any additional information that you feel may be helpful to us in considering your application:						

I understand and agree that:

1. Submission of this application does not guarantee employment.
2. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
3. It is my understanding that CHOICES Inc. will make a thorough investigation of my entire work history and may verify all data given in my application or employment-related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company. I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired may subject me to immediate dismissal.
4. I agree that my employment may be terminated by CHOICES Inc. at any time without liability for wages or salary except such as may have been earned at the date of such termination. I understand and agree that I may be required to take a physical examination, at company expense, at any time to determine if I

am physically fit for the job I am to perform, and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with CHOICES Inc.

5. Although CHOICES Inc. management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, holiday coverage or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
6. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause (except for reasons protected by federal statutes). It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by an authorized executive of this organization.
7. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
8. As a condition of employment, I understand and agree that should I be hired as an employee of CHOICES Inc. that I will be subject to random testing for controlled substances. I understand that if my random tests are positive, that I will be terminated for cause. I hereby authorize any physician, laboratory, hospital or medical professional retained by CHOICES Inc. for screening purposes to conduct such screening and to provide the results to CHOICES Inc. Further, I release CHOICES Inc. and any person affiliated with CHOICES Inc. and any such institution or person conducting the screening, from liability therefore.

Signature of Applicant

Date

Name of Applicant

Printed