

Presbyterian Hospitality House

209 Forty Mile Avenue
Fairbanks, Alaska 99701
Phone: (907) 456-6445 Fax: (907) 456-6402

Employment Application Residential Child Care Facility

Presbyterian Hospitality House is a smoke free work environment.

Name: _____ Social Security Number: _____

Are you 21 years of age or older? Yes No

Mailing Address: _____

Telephone Number: _____ Cell Phone Number: _____

Position Applying For: _____

Education

Elementary or High School (Circle Years Completed): 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? Yes No Name of High School: _____

Did you receive a G.E.D.? Yes No

	Name of School	Location	Dates Attended	Type of Diploma or Degree	Major Field of Study
College or University					
Technical or Vocational					

(Use additional sheets as necessary)

Describe any other relevant training you have. Give date, location, and the name of the organization sponsoring the training.

List any professional licenses or certificates you hold, or memberships in professional organizations.

Do you have an Alaska Driver's License? Yes No

If no, are you willing and able to obtain one? Yes No

Employment History and Experience

List all positions held within the last 10 years, beginning with most recent employer. (If you have not been employed, list your whereabouts for the last 2 years. If providing this information in resume format be sure the information requested below is included.

Date of Employment	Position	Job Duties	Employer	Address
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(Use additional sheets as necessary)

Describe the duties of each position held in the area of childcare (including direct caregiving experience, supervision of childcare personnel or programs, management or administration).

Describe any other relevant experience or skills you have. Include volunteer work. Give details, location, supervisor, etc...

Would you be willing to participate in continuing education or training for this position? Yes No

May we contact your present employer? Yes No

References

List the names and addresses of four people, at least two persons who are not relatives, who know you and can comment on your character and your ability to work with children.

Name	Address (Street, City, State, Zip)	Telephone
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Licensing History

Have you ever been licensed to care for adults or children by the State of Alaska or by any other state?

Yes No If yes, when, where, and for what type of care (child care homes, child or adult foster care etc...) were you licensed?

Have you ever been denied a license or registration to care for adults or children, or had such a license revoked in Alaska or any other state? Yes No If yes, when, where, and for what type of care was the application denied or license revoked?

Child Abuse/ Neglect

Has a child for whom you were legally responsible (biological, foster, adopted, or in your care) been removed from your home by the State of Alaska or a child welfare agency in another state, after an investigation of possible abuse and/or neglect? Yes No If yes, please explain.

Has the State of Alaska or a child welfare agency in another state determined that you neglected or abused a child for whom you were responsible? Yes No If yes, please explain.

Health

Do you have any physical health, mental health or behavior problems, including alcohol or other substance abuse problems that might affect your ability to care for children? Yes No If yes, please explain.

Do you have a domestic violence problem that could be detrimental to the health, safety, or well-being of children in your care? Yes No If yes, please explain.

Criminal Convictions or Charges

Are you currently under indictment or charge with a crime or have you been indicted or convicted or a crime within the past 10 years? Yes No If yes, please explain.

I certify that this information contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I hereby authorize the employer to contact the persons listed as references and I understand that the employer may contact others and, at any time, seek verification of any and all information contained herein.

Signature: _____ Date: _____