



Thrivalaska Employment Application

Human Resources Department, 1949 Gillam Way, Suite 210, Fairbanks, Alaska 99701
Lisa McDaniel 452-4267 x222, Fax 479-9035
website: www.thrivalaska.com

Contact Human Resources if accommodations are needed to participate in the employment process

THIS APPLICATION MUST BE COMPLETED IN FULL.
(Resumes cannot be used as a substitute for any section of this application.)

NAME: _____
FIRST LAST MI.

MAILING ADDRESS: _____
NUMBER AND STREET

CITY STATE ZIP

TELEPHONE NUMBER ALTERNATE TELEPHONE NUMBER

Email address

Position(s) Applied For: _____ **Date available to begin work:** _____

Employment Desired:	Days available to work:	Schedule available to work:

Are you 18 years or older?

How did you hear about the position(s) to which you are applying?

Have you read and are you aware of the salary range for this position? Yes or no

Are you now or have you ever been employed by Play N Learn or Thrivalaska?

If so, give position title, program, and dates:

Can you be lawfully employed?

(I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. within 72 hours of hire.)

Do you, a friend or any immediate family members serve on the Thrivalaska Board of Directors or Policy Council?

If so, what is your relationship? _____

Have you ever been an Early Head Start or Head Start parent?

EDUCATION AND TRAINING

A copy of your transcripts or degree must be attached with this application.
Application will be rejected if not included.

	Name and Location of school	Years Attended	Did you Graduate/Complete	Major/Degree Earned
High School/GED/HS Equivalency				
Undergraduate				
Graduate				
Trade, Business, or Correspondence school				

List any Certifications or Licenses you hold pertinent to the position for which you are applying.

TITLE	STATE OR LICENSING AGENCY	EXPIRATION DATE

List any special courses, seminars, and/or training that would enhance your ability to perform the job(s) to which you are applying.

List any applicable skills and years of experience that are pertinent to the position for which you are applying.

Complete the following:

- Do you have a valid Alaska drivers license?** If no, State _____
- Do you have a clean driving record for the past 5 years?** State _____
- Do you have a commercial drivers license?** Class _____ Endorsements _____

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ____ / ____ TO ____ / ____

HOURS PER WEEK: _____

PHONE NUMBER: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____

DID YOU SUPERVISE IN THIS POSITION: **Yes or No**

JOB TITLE: _____

Please indicate # of employees supervised _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)

Did you work with children? **Yes or No** if yes, then what ages? _____ for how long? _____

REASON FOR LEAVING:

VOLUNTARY: _____ NON-VOLUNTARY: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ____ / ____ TO ____ / ____

HOURS PER WEEK: _____

PHONE NUMBER: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____

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NAME AND ADDRESS OF EMPLOYER:

DATES FROM ____ / ____ TO ____ / ____
HOURS PER WEEK: _____
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JOB TITLE: _____

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Did you work with children? **Yes or No** if yes, then what ages? _____ for how long? _____

REASON FOR LEAVING:

VOLUNTARY: _____ NON-VOLUNTARY: _____

DUTIES:

List Relatives Employed by Thrivalaska:

Name: _____ Relationship _____

Name: _____ Relationship _____

Thrivalaska is an equal opportunity employer, and does not discriminate on the basis of race, color, national origin, religion, sex, age, or disability. Applications from all persons are welcomed.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I hereby certify that all information provided by me in connection with this application is true and complete to the best of my knowledge. I understand any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or my removal from employment.
2. I understand Thrivalaska will conduct pre-employment reference checks and that applicants should promptly notify Thrivalaska if they decide to withdraw their application.
3. I understand I will not have access to the information provided by my references or notes taken by interviewers.
4. I authorize Thrivalaska to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, or education. I authorize that such contact or investigation may occur at any time before or during employment.
5. I understand to be considered for employment I will need to submit pre-employment requirements that include: reference checks, TB test, fingerprints, criminal background check, drug and alcohol screening (if applicable), initial health exam (Head Start only), driver physical (if applicable), and a driving record (if applicable).

THIS APPLICATION MUST BE SIGNED: SIGN HERE X _____ Date: _____

If not signed, application will be rejected

SCREENING:
Applicant does not complete this section,
for Human Resources use only

Application signed?	YES	NO	
Employment history complete?	YES	NO	
Meets minimum age requirement of 18?	YES	NO	
Transcript/degree/SEED registry attached?	YES	NO	NA

Any NO answers above will disqualify the applicant.

Education requirements met? Explain if NO answer	YES	NO	
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Experience requirements met? Explain if NO answer	YES	NO	
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Driver Requirements:

Alaska drivers license?	YES	NO	
Clean driving record?	YES	NO	
CDL?	YES	NO	NA

If required to drive for position, any NO answers above will disqualify applicant

Interview?	YES	NO	
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Screener: _____

Date: _____