

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	
	NUMBER AND STREET	
CITY	STATE	ZIP
TELEPHONE NUMBER	ALTERNATE TELEPHONE N	UMBER
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 po	sition(s) to which you are applying?	
Have you read and are you awa	are of the salary range for this position	n? Yes or no
Are you now or have you ever If so, give position title, program,	been employed by Play N Learn or Th and dates:	rivalaska?
Can you be lawfully employed (I understand that as a condition proof of authorization to work in the control of	n of employment, I will be required to pr	rovide legal
Do you, a friend or any immedior Policy Council?	ate family members serve on the Thri	valaska Board of Directors
If so, what is your relationship? _		
Have you ever been an Early H	ead 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.

High School/GED/HS Equivalency			
Undergraduate			
Graduate			
Trade, Business, or Correspondence school			
List any Certifications of	or Licenses you hold pertinent to the posi	tion for which you are a	pplying.
TITLE	STATE OR LICENSING AGENCY	EXPI	RATION DATE
List any special course which you are applying	s, seminars, and/or training that would en	hance your ability to pe	rform the job(s) to
List any applicable skill	Is and years of experience that are pertine	ent to the position for wh	nich you are applying.
Complete the following:			
Do you have a valid Ala	ska drivers license?	If no, State _	
-	iska drivers license? iving record for the past 5 years?		

Years Attended

Did you Graduate/Complete

Major/Degree Earned

Name and Location

of school

DESCRIBE YOUR OFFICE EQUIPMENT OPERATION SKILLS					
Typing speed:	WPM	10 Key by toucl	h	Cash Handling Experi	ence
Rate your proficienc	y with the foll	owing applications:			
Windows 10					
Internet					
Outlook Child Plus					
NACCRAware					
Quickbooks					
List other computer	software prog	rams:			
LIST OTHER TYPE	S OF OFFIC	E EQUIP YOU CAN	OPERATE		
REFERENCES					
	vide referenc			es, addresses, and phone outation, interpersonal an	
		All references r	must be unrel	ated to you.	
Name-personal	Ado	ress	Email	Phone #	Relationship
Name-professional	Ado	ress	Email	Phone #	Relationship
Name-professional	Ado	ress	Email	Phone #	Relationship
Name-supervisor	Ado	ress	Email	Phone #	Relationship
EMPLOYMENT HIS	TORY:				

List all positions held in the last 10 years, beginning with your present or most recent job. If 10 years of history is not possible then note reasons why. List all jobs separately including on-the-job training, volunteer work and military experience. Please be sure you describe completely the duties you performed, which demonstrates that you have the knowledge and skills to perform the duties of the job for which you are applying. If you were not employed, list your whereabouts for the last 2 years. Additional sheets may be submitted.

	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 supervisedYO	UTH (under 17 yrs old)ADULT (18+yrs old)
Did you work with children? Yes or No if yes, then w	hat ages? for how long?
REASON FOR LEAVING: VOLUNTARY:	NON-VOLUNTARY:
DUTIES:	
NAME AND ADDRESS OF EMPLOYER:	
	DATES FROM/TO/
	DATES FROM/TO/ HOURS PER WEEK:
	HOURS PER WEEK:
	HOURS PER WEEK:
SUPERVISOR'S NAME:	HOURS PER WEEK: PHONE NUMBER: SUPERVISOR'S TITLE: JOB TITLE:
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DUTIES:	
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NAME AND ADDRESS OF EMPLOYER:	
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REASON FOR LEAVING: VOLUNTARY:	NON-VOLUNTARY:
DUTIES:	
List Relatives Employed by Thrivalaska:	
List Relatives Employed by Thrivalaska: 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 th	e applicant.			
Education requirements met? Explain if NO answer		YES	NO	
Experience requirements met? Explain if NO answer		YES	NO	
Driver Requirements: Alaska drivers license?		YES	NO	
Aldoka differs nocitoe.		120	140	
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	
Screener:	Date:			