



Senior Care of Alaska, Inc.

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status.

Name		Date
Street Address		How did you hear about us? Who referred you?
City	State	ZIP
Phone	Cell	SSN

Emergency Contacts

Name	Phone
Name	Phone

I am applying for a position as a

Have you ever been convicted of a felony?

yes no

If yes, please provide details

Transportation:

Personal Assistant positions may require the employee to do errands and shopping.

Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make and model car	
License plate #	Driver license #	Insurance company & Auto insurance policy #

Availability

Please put what days of the week you are available to work and include the earliest time & latest time you would be willing and able to work.

Number of hours you would like to work	Times you are available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Any times <i>not</i> available to work	Are you available for 24-hour sleep over shifts? (Circle one) YES NO	



Education

High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates		
Special skills or courses		

Experience

Discuss any training or experience working with the elderly
What would you like most about working with the elderly?
What would you like least about working with the elderly?

Skills

Please indicate whether you have assisted with or performed the following tasks for seniors.

Companion-ship	<input type="checkbox"/> yes <input type="checkbox"/> no	Vacuuming	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no
Bathing/dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Dusting	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery shopping	<input type="checkbox"/> yes <input type="checkbox"/> no
Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean bathrooms	<input type="checkbox"/> yes <input type="checkbox"/> no	Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no
Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean kitchen	<input type="checkbox"/> yes <input type="checkbox"/> no	Driving	<input type="checkbox"/> yes <input type="checkbox"/> no
Transfer assist	<input type="checkbox"/> yes <input type="checkbox"/> no	Bed linen changes	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication reminders	<input type="checkbox"/> yes <input type="checkbox"/> no



Employment History

Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required. **DO NOT PUT "SEE RESUME" FILL OUT COMPLETELY**

May we contact your current employer?

yes no

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	



*** Please provide accurate up to date phone numbers where your references can be reached in a timely manner. Not doing so will delay processing of your application.*

Business References Minimum (3) required – Employers and Supervisors only.		
Name	Relationship/Years Known	Local Phone #
Name	Relationship/Years Known	Local Phone #
Name	Relationship/Years Known	Local Phone #
Name	Relationship/Years Known	Local Phone #
Name	Relationship/Years Known	Local Phone #

Personal References Minimum (3) required – Co-workers, friends and family only.		
Name	Relationship/Years Known	Local Phone #
Name	Relationship/Years Known	Local Phone #
Name	Relationship/Years Known	Local Phone #
Name	Relationship/Years Known	Local Phone #
Name	Relationship/Years Known	Local Phone #

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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For Office Use Only – Interviewer Comments

