



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?

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?

Last or current hourly wage earned \$ _____

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 _____

DESCRIBE YOUR OFFICE EQUIPMENT OPERATION SKILLS

Typing speed: ___WPM 10 Key by touch Cash Handling Experience

Rate your proficiency with the following applications:

List other computer software programs:

LIST OTHER TYPES OF OFFICE EQUIP YOU CAN OPERATE

REFERENCES

In order to process your application, Thrivalaska must obtain the names, addresses, and phone numbers of three people who can provide references attesting to the good character, reputation, interpersonal and professional skills. One personal and 2 professional

All references must be unrelated to you.

Name-personal Address Email Phone # Relationship

Name-professional Address Email Phone # Relationship

Name-professional Address Email Phone # Relationship

Name-supervisor Address Email Phone # Relationship

EMPLOYMENT HISTORY:

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.

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ____ / ____ TO ____ / ____

HOURS PER WEEK: _____

SALARY/WAGES: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____

PHONE NUMBER: _____

DID YOU SUPERVISE IN THIS POSITION:

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

Did you work with children? _____ if yes, then what ages? _____ for how long? _____

REASON FOR LEAVING: _____ JOB TITLE: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ____ / ____ TO ____ / ____

HOURS PER WEEK: _____

SALARY/WAGES: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____

PHONE NUMBER: _____

DID YOU SUPERVISE IN THIS POSITION:

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

Did you work with children? _____ if yes, then what ages? _____ for how long? _____

REASON FOR LEAVING: _____ JOB TITLE: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ____ / ____ / ____ TO ____ / ____ / ____

HOURS PER WEEK: _____

SALARY/WAGES: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____

PHONE NUMBER: _____

DID YOU SUPERVISE IN THIS POSITION:

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

Did you work with children? if yes, then what ages? _____ for how long? _____

REASON FOR LEAVING: _____ JOB TITLE: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

DATES FROM ____ / ____ / ____ TO ____ / ____ / ____

HOURS PER WEEK: _____

SALARY/WAGES: _____

SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____

PHONE NUMBER: _____

DID YOU SUPERVISE IN THIS POSITION:

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

Did you work with children? if yes, then what ages? _____ for how long? _____

REASON FOR LEAVING: _____ JOB TITLE: _____

DUTIES:

NAME AND ADDRESS OF EMPLOYER:

_____ DATES FROM ____ / ____ TO ____ / ____
 _____ HOURS PER WEEK: _____
 _____ SALARY/WAGES: _____
 SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____
 PHONE NUMBER: _____ DID YOU SUPERVISE IN THIS POSITION: YES NO
 Please indicate # of employees supervised _____ YOUTH (under 17 yrs old) _____ ADULT (18+yrs old)
 Did you work with children? YES NO if yes, then what ages? _____ for how long? _____
 REASON FOR LEAVING: _____ JOB TITLE: _____

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 | |
|--|-----|----|--|

| | | | |
|---|-----|----|--|
| Experience requirements met? Explain if NO answer | YES | NO | |
|---|-----|----|--|

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 | |
|-------------------|-----|----|--|

Screener: _____

Date: _____