

ALASKA ADDICTION REHABILITATION SERVICES INC.
P. O. BOX 871545
WASILLA, AK 99687

EMPLOYMENT APPLICATION

POSITION APPLYING FOR: _____

NAME _____ DATE _____

ADDRESS _____

PHONE _____ CELL _____ E-MAIL _____

U.S. CITIZENSHIP ____ YES ____ NO

CITIZENSHIP APPLIED FOR _____

IF NO, IDENTIFY COUNTRY OF CITIZENSHIP _____

EQUAL EMPLOYMENT OPPORTUNITY

Alaska Addiction Rehabilitation Services, Inc., is an EOE employer. You may decline to answer the following:

MALE _____ FEMALE _____ AGE _____

ETHNIC ORIGIN

ALASKA NATIVE ____ AFRO-AMERICAN ____ ASIAN ____ CAUCASIAN ____ OTHER ____

EDUCATION (SCHOOL NAME/TOWN) (YEAR COMPLETED) (DEGREE/DIPLOMA)

HIGH SCHOOL _____

COLLEGE _____

BUSINESS/TECHNICAL _____

PROFESSIONAL LICENSES / CERTIFICATES _____

COURSES COMPLETED IN ALASKA NATIVE OR OTHER CULTURAL STUDIES _____

TYPING SPEED ____ WPM ____ DICTATION SPEED ____ WPM ____

COMPUTER LITERATE ____ YES ____ NO

LIST SOFTWARE APPS THAT YOU ARE PROFICIENT USING

TYPES OF ELECTRONIC/MECHANICAL EQUIPMENT QUALIFIED TO

(A) OPERATE _____

(B) REPAIR _____

EMPLOYMENT HISTORY (Begin with most recent position)

1. JOB TITLE _____ EMPLOYED FROM _____ TO _____

EMPLOYER'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ SUPERVISOR _____

JOB DUTIES/SKILLS

REASON FOR LEAVING _____

STARTING SALARY _____ ENDING SALARY _____

2. JOB TITLE _____ EMPLOYED FROM _____ TO _____

EMPLOYER'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ SUPERVISOR _____

JOB DUTIES/SKILLS

REASON FOR LEAVING _____

STARTING SALARY _____ ENDING SALARY _____

3. JOB TITLE _____ EMPLOYED FROM _____ TO _____

EMPLOYER'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ SUPERVISOR _____

JOB DUTIES/SKILLS

REASON FOR LEAVING _____

STARTING SALARY _____ ENDING SALARY _____

ADDITIONAL QUESTIONS

DO YOU LIVE IN THE MAT-SU VALLEY AREA? ____ YES ____ NO

HAVE YOU SERVED IN THE MILITARY? ____ YES ____ NO

WHAT BRANCH? _____ FROM _____ TO _____

TYPE OF DISCHARGE _____

LANGUAGES SPOKEN OTHER THAN ENGLISH? _____

HOBBIES OR ACTIVITIES WHICH WOULD BE USEFUL AT AARS?

WHAT IS YOUR DEFINITION OF "ALCOHOLISM"?

WHY DO YOU WANT TO WORK WITH PEOPLE WHO SUFFER FROM SUBSTANCE USE DISORDER AT AARS?

HOW DO YOU PLAN TO PROTECT YOURSELF FROM THE "STRESS" OF THIS JOB?

HAVE YOU BEEN CONVICTED OF MISDEMEANOR (PAST 5 YEARS) OR FELONY (PAST 10 YEARS)?

_____ YES _____ NO

IF YES, PLEASE EXPLAIN:

REFERENCES (Please provide the following information for 3 references)

NAME _____

PHONE _____ CELL _____ E-MAIL _____

ADDRESS _____

RELATIONSHIP _____ FROM _____ TO _____

NAME _____

PHONE _____ CELL _____ E-MAIL _____

ADDRESS _____

RELATIONSHIP _____ FROM _____ TO _____

NAME _____

PHONE _____ CELL _____ E-MAIL _____

ADDRESS _____

RELATIONSHIP _____ FROM _____ TO _____

=====

COMMENTS:

=====

INFORMATION TO THE APPLICANT: As part of our hiring procedure, your employment history and your personal references may be checked. If, for any reason, the information on this application proves to be false or misleading, your application will not be considered and/or you may be terminated from your position.

As part of your employment, you will be required to:

1. Have a TB tine or X-ray Exam to show absence of active TB within three days after hire.
2. Hold a valid First Aid Certificate or work to obtain one (if possible, within ninety days after hire.
3. Provide evidence of citizenship (Form I-9), employment status, and date of birth.
4. Provide information for and pass a criminal background check.
5. Provide all information requested by AARS for the purpose of compliance with local, state and federal tax reporting requirements.

I UNDERSTAND THE INFORMATION EXPLAINED ABOVE AND AGREE TO COMPLY

Print Name

Date

Signature