

Mat-Su Services for Children & Adults, Inc.

5000 E. Shennum Drive
 Wasilla, AK 99654
 (907) 352-1200 Fax (907) 352-1249

Application for Employment



When filling out this application, please type or use a pen with dark ink.
 Mat-Su Services for Children & Adults, Inc. is an Equal Opportunity Employer. You should not put any information referring to age, sex, race, religion, color, national origin, marital status, change in marital status, pregnancy, or parental status. Thank you for your interest in employment with MSSCA!

Personal Data

| | | |
|---|-------------------|---------------------------------|
| Name (Last) | First | Middle |
| Mailing Address | | |
| City | State | Zip Code |
| Home Phone () | Cell Phone () | Message Phone () |
| Position(s) Applying for | | |
| Do you wish to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary | | |
| What is your minimum salary requirement? \$ /Hour OR \$ /Month | | |
| Have you previously applied for employment here? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, when and what position? |
| How did you first hear about this position? (referred by) | | |
| Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date available for work | | |
| Do you have any other commitments that might affect your employment with us? | | |
| This application form was designed for use by applicants for various positions - clerical, professional, technical, and administrative. Answer the questions to the best of your ability. | | |

Education Record

| Schools | Name, City/State | Type of Degree License or Certificate | Total Hours/Credits (if applicable) |
|---|------------------|---------------------------------------|-------------------------------------|
| High School | | | |
| Vocational/Technical | | | |
| College | | | |
| Graduate School | | | |
| Professional Licenses, Certifications, or Registrations | | | |

Employment History

List your employment history beginning with the most recent or present employer. Indicate your name under which employed if different than this application. Complete application fully. Please indicate if your previous employer is out of business. If you have been conducting your own business, give names, phone numbers, and addresses of at least two clients who we may contact. Use additional sheet if necessary.

| | | | |
|--|---------------------|----------------|-----|
| Employer: | Dates of Employment | From: | To: |
| City: | State: | Zip: | |
| Phone Number: () | | | |
| Position Held: | Beginning Salary: | Ending Salary: | |
| Duties: | | | |
| Name and Title of Supervisor: | | | |
| Reason for leaving: | | | |
| Name under which employed: (if different from application) | | | |

| | | | |
|--|---------------------|----------------|-----|
| Employer: | Dates of Employment | From: | To: |
| City: | State: | Zip: | |
| Phone Number: () | | | |
| Position Held: | Beginning Salary: | Ending Salary: | |
| Duties: | | | |
| Name and Title of Supervisor: | | | |
| Reason for leaving: | | | |
| Name under which employed: (if different from application) | | | |

| | | | |
|--|---------------------|----------------|-----|
| Employer: | Dates of Employment | From: | To: |
| City: | State: | Zip: | |
| Phone Number: () | | | |
| Position Held: | Beginning Salary: | Ending Salary: | |
| Duties: | | | |
| Name and Title of Supervisor: | | | |
| Reason for leaving: | | | |
| Name under which employed: (if different from application) | | | |

General Information

If hired, will you be able to provide documentation of authorization to work in the United States of America?

Yes No

Are you 18 years of age or older?

Yes

No

How many years of licensed driving experience do you have?

6 or more years

under 5 years

Have you ever been convicted of a criminal offense?

No

Yes

Date:

Place:

Nature:

(an affirmative answer will not automatically disqualify you from being considered as a candidate for employment)

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes

No

Please include any additional information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (Remember, you should not put any information referring to age, sex, race, religion, color, national origin, marital status, change in marital status, pregnancy, or parental status.)

References

List three (3) personal and two (2) professional references who have known you at least two years.

They must be familiar with your traits and character or with the quality of your work.

References cannot be members of your immediate family.

| Name | Work Phone # | Home/Cell Phone # | City/State | Relationship |
|------|--------------|-------------------|------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

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Application for Employment



I understand that my application will be kept active for three months. I hereby affirm that the information provided on this application (and accompanying resume or other documents, if any) is true and complete to the best of my knowledge. I also agree that falsified information or omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize Mat-Su Services For Children And Adults, Inc. (MSSCA) to make any investigation necessary to verify the information appearing on this application, as well as an investigation of my character, reputation, and any information pertinent to my employment qualifications.

Under the Fair Credit Reporting Act (FCRA), I understand that I have the right to be told if information from a reporter in my file has been used against me. I have a right to know what is in my file and should any information be incorrect, I can dispute it with the reporter that provided the information. Once successfully disputed, incorrect information must be corrected or deleted. Outdated information (usually anything more than 7 years old) may not be reported. I understand that if I want to see a full summary of the FCRA, I can ask for a copy from human resources.

By my signature below, I affirm that I have read, understood, and agreed with the information presented above.

Print Name: _____

Signature: _____

Date: _____