

Mat-Su Services for Children & Adults, Inc.

1225 W. Spruce Ave.

Wasilla, AK 99654

(907) 352-1200

Fax (907) 352-1249

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!

Application for Employment



Personal Data

Name (Last)	First	Middle
Mailing Address	Email 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"/> Seasonal <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? Please check appropriate box. Employee Craig's List AK Job Center/website Walk-In Other		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you 18 years of age or older?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
How many years of licensed driving experience do you have?			<input type="checkbox"/> 6 or more years		<input type="checkbox"/> under 5 years
Have you ever been convicted of a criminal offense?					
<input type="checkbox"/> No		<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 - *References cannot be members of your immediate family.*

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

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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: _____