



LUTHERAN • CHILD • DEVELOPMENT • CENTER

2980 Davis Road, Fairbanks AK 99709
Phone: 455-9466 Fax: 455-7208

Submission
DATE: _____

Employment Application

First Name Last Name Middle Social Security Number

Mailing Address

Telephone Number Cell Phone Number e-mail address

Birth Date _____ Position(s) Applied for: _____

Date Applying: _____ Date available to begin work: _____

Days & Hours Available to Work: _____

Can you work overtime, hours outside the assigned days and hours regularly scheduled? Yes ___ No ___

Are you age 18 or older? Yes ___ No ___ Are you age 21 or older? Yes ___ No ___

Have you ever been previously employed by Open Arms Child Development Center? Yes ___ No ___

If yes, when? _____

Have you been convicted of a criminal offense (felony or serious misdemeanor)? If yes, state law may prohibit you from working in a licensed childcare facility. Yes ___ No ___

Have you obtained a current Criminal History Report for Interested Parties from the State of Alaska?

Yes ___ No ___ If yes, date of report _____

Other than English, what languages do you speak? _____

Do you have a valid State of Alaska Driver's License, if required for the position you are applying for?

Yes ___ No ___ Date of Expiration _____ Restrictions: _____
(A DMV report will periodically be obtained during your employment, if driving is required.)

If you are hired, can you provide proof that you are eligible to work in the United States? (Proof of citizenship or immigration status will be required upon employment) Yes ___ No ___

Are you willing to participate in continuing education and training for this position? Yes ___ No ___

List current professional licenses, certificates, or memberships in professional organizations.

EDUCATION:

	Name & Location of School/Training Organization	Dates Attended/Years Completed	Diploma or Degree Year	Major Field of Study Credits/Units Completed
High School				
College or University				
Vocational/ Technical School				
Other Relevant Training				

(use additional paper if necessary)

EMPLOYMENT AND EXPERIENCE:

List all positions held in the last 10 years, beginning with the most recent. You may provide this information in resume format. If you were not employed, list your whereabouts for the last 2 years.

Dates	Position(s)/Title	Job Duties (Part-time or Full-Time)	Employer Name, Address, Telephone Number	Supervisor's Name

Describe any duties of your above positions that are relevant to child care or adult care, including direct care giving, supervision of child or adult care, personnel or programs, management or administration.

OTHER RELEVANT WORK EXPERIENCE, including volunteer work.

Dates: To—From	Position(s)/Title	Part-time/ FullTime Temporary or Long-term	Skills, knowledge, & abilities required for position; job duties	Supervisor Name and Organization Name, Address & Phone Number

SPECIAL SKILLS AND QUALIFICATIONS: Please describe any special skills or qualifications you have acquired from employment, training, or other experience which may qualify you for the position for which you are applying. Include when, where, and how acquired.

REFERENCES

List at least three references, not related to you, and not previous employers, who can comment on your character and your ability to work with children.

Name/Title	Address (Street, City, State, Zip)	Telephone Number

I give the director of Open Arms Child Development Center or her/his assigns, the right to investigate all references and to secure additional information about me, if job-related. Furthermore, I give the Employer the right to verify any educational reference given in this application, I hereby release, from liability, the Employer and its representatives for seeking such information and all other corporations, educational institutions or organizations for furnishing such information. _____(Applicants Initials)

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I have been employed. _____(Applicant's Initials)

In the event of my employment by Open Arms Child Development Center I agree to abide by all present and subsequently issued rules of Open Arms. _____(Applicant's Initials)

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment.

_____ (Applicant's Initials)

Open Arms Child Development Center is an AT-WILL EMPLOYER.

I acknowledge that there is no specific length of employment and that any verbal or written offers of employment do not constitute an agreement or contract for employment. Accordingly, either Open Arms Child Development Center or I can terminate the employment relationship at will, with or without cause or notice, so long as the terminations does not violate law or public policy. _____ (Applicant's Initials)

PERSONAL HISTORY

Have you been previously licensed to care for child(ren) or adults?

YES___ NO___ If yes, indicate city, state, and type of care (child care home, child or adult foster care, etc.) and dates of licensure:

Have you ever had a license to care for children or adults revoked or denied in Alaska or any other state?

YES___ NO___ If yes, attach an explanation.

Have you ever been investigated for child or elder abuse or neglect?

YES___ NO___

Do you have any physical, health, mental health or behavioral problem that might pose a risk to the health, safety or well being of children or adults?

YES___ NO___ If yes, attach an explanation.

Have you been convicted of a crime or charged with a criminal offense in the last 10 years?

YES___ NO___ If yes, attach an explanation.

Have you ever been convicted of or charged with a felony, crime involving domestic violence, or a sex crime?

YES___ NO___ If yes, attach an explanation.

I certify that the contents of this form and information provided with it are true, accurate, and complete. I authorize the employer to contact persons listed as references and I understand that the employer may contact others to verify information contained here.

Signature

Date

Additional Questions for Staff Job Application
(use additional paper if necessary)

Describe your experience for the position for which you are applying.

What do you envision as a safe, healthy, Christian learning environment for young children?

How would you describe your relationship with Jesus Christ?

Why would you be an asset to the families and staff of Open Arms Child Development Center?

Describe your experience in maintaining timely and accurate records.

Optional Questions-not required

Are you a member of a local church congregation? YES___ NO___

Name of congregation: _____

May we contact your pastor for a reference? YES___ NO___

Pastor's Name: _____

Pastor's Phone Number: _____

Open Arms Lutheran Child Development Center is operated in accordance with U.S. Department of Agriculture (USDA) policy which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability.

Background Check Information
(Needed to process online application with Alaska Background Check Unit)

Name: _____ SSN: _____
(First, Middle, Last Name)

Gender: Male Female Birthdate: _____ Place of Birth: _____
(City, State, Country)

Citizenship: _____ Height: _____ Weight: _____ Hair Color: _____
(Country)

Eye Color: _____ Race: _____ Driver License #/State: _____

Phone# _____ E-mail _____

Current Residence Address: _____ From: _____ To: _____
(Street) (Month/year) (Month/year)

(City, State, Zip Code)

Mailing Address: _____ City _____ State _____ Zip _____
(P.O. Box or Street)

Previous Addresses (past 10 years)

_____ From: _____ To: _____
(City, State) (Month/year) (Month/year)

_____ From: _____ To: _____
(City, State) (Month/year) (Month/year)

_____ From: _____ To: _____
(City, State) (Month/year) (Month/year)

_____ From: _____ To: _____
(City, State) (Month/year) (Month/year)

_____ From: _____ To: _____
(City, State) (Month/year) (Month/year)

***Note: Attach copy of current Driver License, State Identification, Military or Dependent Identification, or other document which substantiates the information presented for Background Check Unit online application form**



Disclosure of Personal History & Release of Information Authorization

Case Number (Eight Digit Number)

Applicants are required to disclose any known civil or criminal information regarding them which would be a barrier to association with the entity which is submitting your application for background check under AS 47.05. or 7 AAC 10.900 – 7 AAC 10.990. Please attach additional pages, if necessary, to complete the required information.

Have you ever been charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a crime listed in 7 AAC 10.905?

No Yes If yes, please describe: _____

Have you ever been found by a court or agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under Children in Need of Aid (AS 47.10), Protection of Vulnerable Adults (AS 47.24), or Office of the Long Term Care Ombudsman (AS 47.62) or a substantially similar provision in another jurisdiction?

No Yes If yes, please describe: _____

Have you been found by a court or agency of this or another jurisdiction to have committed medical assistance fraud under Medical Assistance Fraud (AS 47.05.210) or a substantially similar provision in another jurisdiction?

No Yes If yes, please describe: _____

Have you appeared on the centralized registry established under Centralized Registry (AS 47.05.330) or a similar registry of this state or another jurisdiction?

No Yes If yes, please describe: _____

Release of Information Authorization

I certify that the contents of this form and information provided with it are true, accurate, and complete. I understand that a willful misrepresentation of the information provided is cause for immediate denial or later revocation of authorization under Criminal History; Criminal History Check; Compliance (AS 47.05.310).

I, the undersigned, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization will be held in confidence in accordance with DHSS guidelines.

I, the undersigned, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Applicant Signature

Date

Parent Signature (if applicable)

Date

Applicant Printed Name

Applicant SSN

Parent Printed Name