



Main Office: 43335 K-Beach Road, Suite 36, Soldotna, AK 99669
Valdez Office: P.O. Box 1310, Valdez, AK 99686

Phone: (907) 262-6331
Phone: (907) 835-4504

Fax: (907) 262-6294
Fax: (907) 835-4527

Dear Applicant,

Thank you for your interest in employment with Frontier Community Services, an Equal Opportunity Employer. Your application will be given every consideration. Due to the sheer volume of applications received, we are unable to respond to every one. If you are selected for an interview, you will be notified by phone, so make sure that you have listed a viable phone number capable of taking messages.

The information on the following pages is required for all applicants. **All applications must be completely filled out regardless if resume is attached. Please read all documents very carefully.**

- **REFERENCES:** Applicants **MUST submit** a total of five (5) references: two (2) employment references and three (3) character references that are unrelated to applicant.
- **SWORN STATEMENT:** All applicants **MUST initial** only statements that apply, sign and date bottom of form.
- **CLIENT/FAMILY REQUEST:** Only needed if you are being requested by a specific Client. Otherwise, leave blank.

Applications may be mailed, faxed, emailed to: work@fcsonline.org or delivered to Frontier Community Services Human Resource Department.

ONLY if you are offered a position with FCS will you be asked for the following:

- Fingerprints for state and national background investigations.*
- Applicable for driving positions only:
 - ✓ Current Alaska Driver License.
 - ✓ Copy of driving record obtained from DMV.
 - ✓ Proof of current auto insurance.
- Proof that you are free of Tuberculosis (i.e.: TB Card).*
- Proof that you are eligible to work in the United States. Some examples are:
 - ✓ Driver's License (Current)
 - ✓ Identification Card
 - ✓ Social Security Card
 - ✓ Birth Certificate
 - ✓ Passport (Current)
 - ✓ Tribal Documents

* FCS provides this testing for all employees who must pass to be eligible for employment with FCS.

PLEASE DETACH THIS PAGE AND KEEP FOR YOUR RECORDS





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Desired Position(s) _____ Desired Start Date: _____

PERSONAL							
Last Name:		First:		Middle:			
Mailing Address:		City:		State:		Zip Code:	
Home Phone:		Cell Phone:		Email:			
If currently employed, may we contact your employer				<input type="radio"/> Yes <input type="radio"/> No		Employer's Phone:	
Have you ever filed an application with us before?				<input type="radio"/> Yes <input type="radio"/> No		When:	
If hired, can you provide proof of citizenship, permanent residency or authorization to work?						<input type="radio"/> Yes <input type="radio"/> No	
If hired, are you willing to submit to a TB test or provide evidence that you are free of Tuberculosis (TB)?						<input type="radio"/> Yes <input type="radio"/> No	
Certain jobs require you to drive and be a minimum of 18 years old. Are you at least 18?						<input type="radio"/> Yes <input type="radio"/> No	
Do you have a valid Alaska Driver's License?						<input type="radio"/> Yes <input type="radio"/> No	
Can you provide proof of insurance?						<input type="radio"/> Yes <input type="radio"/> No	
In the last five (5) years, have you ever had a ticket for DUI, DWI, careless, or reckless driving?						<input type="radio"/> Yes <input type="radio"/> No	
Have you ever been convicted of a misdemeanor or felony? <i>A conviction will not necessarily disqualify an applicant from employment.</i>						<input type="radio"/> Yes <input type="radio"/> No	
If yes, please explain: _____				Date Convicted: _____			
Have you ever been involved in a case of neglect, abuse, maltreatment, or domestic violence?						<input type="radio"/> Yes <input type="radio"/> No	
If yes, please explain: _____				Date Convicted: _____			
Name(s) of relative(s) working at FCS?							
How did you learn about this employment opportunity?							
SCHEDULE							
<input type="radio"/> I am available and desire to work PART-TIME (less than 40 hours a week). <input type="radio"/> I am available and desire to work FULL-TIME (40 hours a week) and do not have restrictions on my hours and days.							
Section A							
Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? If Yes, please take this into consideration when specifying the exact days/times you will be available in Section B .						<input type="radio"/> Yes <input type="radio"/> No	
Section B							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Midnight – 8:00 a.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 a.m. – 4:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 p.m. - Midnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK SCHEDULES ARE BASED ON FCS' NEEDS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.							

I am interested in serving the following population(s):

- Seniors
- Youth
- Developmentally Disabled
- Medically Fragile Individuals
- Behaviorally Challenged
- End of Life care





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EDUCATION				
Schools	Name of School/City/State	Course of Study	Graduate?	Diploma?
High School				
Business / Trade School				
College				
Graduate				

EMPLOYMENT
 (List most **recent** position first)

Employer:	Mailing Address:
Dates Employed From: To:	City / State:
Job Position:	Telephone:
Salary:	Supervisor:
Duties:	Reason for Leaving:
Employer:	Mailing Address:
Dates Employed From: To:	City / State:
Job Position:	Telephone:
Salary:	Supervisor:
Duties:	Reason for Leaving:
Employer:	Mailing Address:
Dates Employed From: To:	City / State:
Job Position:	Telephone:
Salary:	Supervisor:
Duties:	Reason for Leaving:

SPECIAL SKILLS

List any **certificates, licenses, honors, professional affiliations, volunteer work, and/or any previous/relevant employment**, not listed above and which may be applicable to the position for which you are applying:

AGREEMENT

I understand that any employment arrangement with Frontier Community Services (FCS) is at the will of either FCS or myself. The facts set forth in the above are true and complete. I understand that if employed, false statements on this application may be considered sufficient cause for dismissal. I authorize Frontier Community Service to conduct a background check and investigate my personal and work-related references to determine whether or not I am a threat to people with disabilities. The application and the information obtained as a result of reference checks and criminal background inquiries will be kept confidential. This application will remain on file for 90 days.

Sign: _____ Date: _____





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SWORN STATEMENT

PLEASE **INITIAL** ALL THAT APPLY.

I do swear or affirm that:

I **have not** been convicted of a Felony or a Misdemeanor Involving Drugs or crime listed in 7 AAC 75.215 (b) or 7 AAC 43.770 (d).

I **do not** have any pending Felony or Misdemeanor charges for any crime listed in 7 AAC 43.770(d).

I **have never** been denied the opportunity to apply for, or been terminated for cause from, an administrator or care provider position, nor have I voluntarily terminated a license during an investigation.

I **have never** had a substantiated report of child abuse or neglect filed against me.

I **have been** denied the opportunity to apply for, or been terminated for cause from, an administrator or care provider position, or I have voluntarily terminated a license during an investigation.

I **have been** convicted of a crime listed in 7 AAC 75.215 (b) or 7 AAC43.770 (d).

I **have revealed** any convictions for any crimes not listed in 7 AAC 43.770(d) at the time of my employment; and have provided evidence satisfactory to the agency that I do not pose a risk to recipients and will not adversely affect the safety or effective provision of services.

Print Name: _____

Sign: _____

Date: _____

7 AAC 75.215 (b) or 7 AAC 43.770 (d) cover the following: felony crime; solicitation; conspiracy; offenses against a person(s) including murder, assault, abuse; offenses against property, theft, fraud, against family and vulnerable adults; public administration; public order; public health and decency; controlled substances and imitation controlled substances; refusal to submit to chemical test.





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REQUEST FOR REFERENCES

Pursuant to 7AAC 75.220: Applicants are required to submit three (3) character references from individuals unrelated to applicant and at least two (2) employment references. **An employment reference may also serve as a character reference.** Please include address and phone numbers for contact purposes. If you have personal letters of reference you may submit them instead of listing them here.

Applicant's Name (Please Print):

I authorize the person/company/agency named below to furnish Frontier Community Services with pertinent information they may have regarding my employment, including my reason(s) for leaving. I am signing this waiver voluntarily and hold harmless from all liability arising from this reference the below named individual, company, and or agency.

Applicants Signature:

Date:

Reference Name:			<input type="radio"/> Employment	<input type="radio"/> Character
Mailing Address:				
City:	State:	Zip:		
Daytime Phone:		Fax:		
Reference Name:			<input type="radio"/> Employment	<input type="radio"/> Character
Mailing Address:				
City:	State:	Zip:		
Daytime Phone:		Fax:		
Reference Name:			<input type="radio"/> Employment	<input type="radio"/> Character
Mailing Address:				
City:	State:	Zip:		
Daytime Phone:		Fax:		
Reference Name:			<input type="radio"/> Employment	<input type="radio"/> Character
Mailing Address:				
City:	State:	Zip:		
Daytime Phone:		Fax:		





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CLIENT/FAMILY REQUEST

(Only needed if being requested by a specific individual. Otherwise leave blank).

CDPCA or Applicant's Name (Please Print): _____
 Person to be receiving services: _____

To be filled out by the Client, family or personal representative:

The Client and/or their personal representative acknowledges and agrees that FCS makes no representations or recommendations regarding the qualifications, skill, character or suitability of the applicant they have requested.

Furthermore, the Client and/or their personal representative acknowledge that they have had an opportunity to conduct their own independent investigation of the applicant as well as an interview, and releases FCS from any duty or need to conduct any further investigation.

The Client and/or personal representative agrees to bear all risks associated with hiring the applicant.

Any verbal representations regarding an applicant's suitability for this job are superseded by the terms of this agreement.

Client's Signature: _____

Print Name: _____ Date: _____

OR

Personal Representative's Signature: _____

Print Name: _____ Date: _____

