



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

Desired Position(s) _____ Desired Start Date: _____

PERSONAL

Last Name:	First:	Middle:
Mailing Address:	City:	State: Zip Code:
Phone: <input type="radio"/> Cell <input type="radio"/> Home	Email:	
If currently employed, may we contact your employer? <input type="radio"/> Yes <input type="radio"/> No	Employer's Phone:	
Have you ever worked for 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
If hired, are you willing to submit to a Drug Screening?	<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
Name(s) of relative(s) working at FCS?		
How did you learn about this employment opportunity?		

SCHEDULE

- I am available and desire to work **PART-TIME** (less than 40 hours a week).
- 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**. Yes No

Section B

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

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

Some of our clients are unable to be around cigarette smoke for health reasons.

Do you smoke? Yes or No



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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:	
Duties:		Supervisor:	
		Reason for Leaving:	
Employer:		Mailing Address:	
Dates Employed From:	To:	City / State:	
Job Position:		Telephone:	
Duties:		Supervisor:	
		Reason for Leaving:	
Employer:		Mailing Address:	
Dates Employed From:	To:	City / State:	
Job Position:		Telephone:	
Duties:		Supervisor:	
		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 FCS 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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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:		Email:		
Reference Name:			<input type="radio"/> Employment	<input type="radio"/> Character
Mailing Address:				
City:	State:			Zip:
Daytime Phone:		Email:		
Reference Name:			<input type="radio"/> Employment	<input type="radio"/> Character
Mailing Address:				
City:	State:			Zip:
Daytime Phone:		Email:		
Reference Name:			<input type="radio"/> Employment	<input type="radio"/> Character
Mailing Address:				
City:	State:			Zip:
Daytime Phone:		Email:		
Reference Name:			<input type="radio"/> Employment	<input type="radio"/> Character
Mailing Address:				
City:	State:			Zip:
Daytime Phone:		Email:		



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CLIENT/FAMILY REQUEST

ONLY NEEDED IF BEING REQUESTED BY A SPECIFIC INDIVIDUAL. OTHERWISE LEAVE BLANK.

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:	
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Print Name:		Date:	
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OR

Personal Representative's Signature:	
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Print Name:		Date:	
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