



**Incorporated**

**Human Resources Department**

213 Third Street Juneau, Alaska 99801 ♦ (907) 586-8228 ♦ Fax (907) 586-8226 ♦ [www.reachak.org](http://www.reachak.org)

## Application for Employment

*A separate application must be submitted for each position you wish to apply for. You may make copies of your completed application and enter different job titles and job numbers; however, your original signature is required on each application submitted. Please submit a resume with your completed application; but note that **resumes are not accepted in lieu of a completed application.***

<b>Job Title Applying For:</b>	<b>Job #</b>
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### PERSONAL INFORMATION

Name (Last)		Name (First)		(M.I.)
Primary Phone Number:	Cell/Message Phone:	Additional Contact Number:		
Address:				
Mailing Address (if different than above):				
Driver's License Number		State of Issuance	Expiration Date	
Are you a citizen of the United States and/or legally authorized to work in the U.S.A?			Yes	No
Are you 18 years of age or older?			Yes	No
Have you been a licensed driver for at least three years?			Yes	No
Have you ever been convicted of a Felony?			Yes	No
Have you been convicted of a misdemeanor within the past 10 years			Yes	No
Do you presently have a charge pending against you for a felony or a misdemeanor?			Yes	No
If you answered "yes" to any of the three questions above, please explain in detail:				
Are you currently, or have you ever been employed by REACH, Inc.?			Yes	No
How did you hear about this job opening? Please check all that apply:				
Alaska Job Center	REACH website	Outside agency	Newspaper	Fred Meyer receipt
REACH Employee (name)		Other (please specify)		

**REACH Inc. is an Equal Opportunity Employer**



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**PERSONAL REFERENCES**

Please list at least three (3) persons, not related to you, who can attest to your work ethic, character and/or suitability for employment. Add an additional page if you need more space.

Name	Phone:
Address	
Years Known	Relationship (neighbor/friend/coworker, etc.)

Name	Phone:
Address	
Years Known	Relationship (neighbor/friend/coworker, etc.)

Name	Phone:
Address	
Years Known	Relationship (neighbor/friend/coworker, etc.)

**CERTIFICATE OF APPLICANT AND AUTHORIZATION TO VERIFY INFORMATION**  
**(PLEASE READ CAREFULLY BEFORE SIGNING)**

*I hereby certify that the information provided in this application is true and complete to the best of my knowledge and belief. I understand that any false statement or misrepresentation of material fact made herein will be sufficient reason for rejection of my application, or termination of subsequent employment. I authorize REACH, Inc. to investigate all statements made in this application for employment, and to discuss the results of its investigation with those responsible for the hiring of this position. I further authorize REACH Inc. to contact my references, former employers, educational institutions, or any other person or organization who may have information pertinent to my employment; to obtain information and documentation pertaining to my past work history, character, education, military service, etc. I release REACH Inc. from any and all liability whatsoever associated with their efforts to verify the information provided in this application; and do further release from liability all parties contacted by REACH Inc. who provide information to REACH Inc. during the verification process.*

Signature of Applicant	Date Signed
Printed Name of Applicant	



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**EDUCATION / TRAINING HISTORY**  
List colleges, military, trade, business or other schools attended

Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No or a GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name and Location of School, College or University	Course of Study (List Major) & Dates attended	Credits Earned (Check one and indicate hours)	Did you Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, MA, etc.)
<b>A</b>		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
<b>B</b>		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		
<b>C</b>		<input type="checkbox"/> Quarter <input type="checkbox"/> Semester		

**LICENSE / REGISTRATION / CERTIFICATE**  
List any **required** professional license, registration, certificate, etc.

Description	State	Number	Expiration

**SPECIALIZED SKILLS AND KNOWLEDGE**  
List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer systems and/or software programs, foreign languages, etc.). Attach additional pages as needed.

**WORK HISTORY (Paid or Volunteer)**  
*List your three (3) most recent employers/worksites*

**JOB NUMBER 1 (Current or most recent work history)**

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
TYPE OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FROM (MONTH – YEAR)	TO (MONTH – YEAR)	SUPERVISION/LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR	
LENGTH OF EMPLOYMENT WITH THIS EMPLOYER	HOURS WORKED PER WEEK (Average)	<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Hiring or Recommending Hiring <i>If you checked any of these boxes, list the number of employees and their job titles:</i>	
____ Years    ____ Months		<input type="checkbox"/> Not Responsible for any of above	
DUTIES (List all duties you performed. No credit will be given if this section is not completed):			
REASON for leaving this position:			



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**\*CONTINUED WORK HISTORY \***

**WORK HISTORY (Paid or Volunteer)**

**JOB NUMBER 2 (Second most recent work history)**

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
TYPE OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR JOB TITLE		SUPERVISION/LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR	
FROM (MONTH – YEAR)	TO (MONTH – YEAR)	<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Hiring or Recommending Hiring <i>If you checked any of these boxes, list the number of employees and their job titles:</i>	
LENGTH OF EMPLOYMENT WITH THIS EMPLOYER ____ Years    ____ Months	HOURS WORKED PER WEEK (Average)	<input type="checkbox"/> Not Responsible for any of above	
DUTIES (List all duties you performed. No credit will be given if this section is not completed):			
REASON for leaving this position:			

**WORK HISTORY (Paid or Volunteer)**

**JOB NUMBER 3 (Third most recent work history)**

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
TYPE OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
YOUR JOB TITLE		SUPERVISION/LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR	
FROM (MONTH – YEAR)	TO (MONTH – YEAR)	<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Handling Disciplinary Problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Hiring or Recommending Hiring <i>If you checked any of these boxes, list the number of employees and their job titles:</i>	
LENGTH OF EMPLOYMENT WITH THIS EMPLOYER ____ Years    ____ Months	HOURS WORKED PER WEEK (Average)	<input type="checkbox"/> Not Responsible for any of above	
DUTIES (List all duties you performed. No credit will be given if this section is not completed):			
REASON for leaving this position:			

**\*IF YOU WISH TO LIST MORE THAN THREE (3) EMPLOYERS, PLEASE USE AN ADDITIONAL PAGE - OR ATTACH A RESUME\***



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Social Security Number	Date of Birth
Position Applied for:	Date

It is the policy of REACH, Inc. to ensure equal employment opportunity for all applicants, regardless of race, gender, age, disability, religious beliefs, etc. The following information is necessary to fulfill EEO reporting requirements. All information is confidential and this sheet will be separated from your application by Human Resources before being submitted to the appropriate department. Thank you for your voluntary cooperation in completing this questionnaire. Please check those categories that apply to you.

**Gender:**

Male  Female

**Ethnicity**

**Alaskan Native** – All persons having origins in any of the original peoples of Alaska and who maintains cultural identification through tribal affiliation or community recognition. Alaskan Native may include persons of Tlingit, Haida, Athabaskan, Tsimshian, Yupik, Inupiaq or Aleut origin.

**American Indian** – All persons having origins in any of the original peoples of North America (NOT including Alaska) and who maintains cultural identification through tribal affiliation or community recognition.

**Asian** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black/African American** – All persons having origins in any of the black racial groups of Africa.

**Hispanic** - All persons of Mexican, Cuban, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

**Native Hawaiian or Other Pacific Islander** – All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White/Caucasian** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Veteran Status**

None  Vietnam-era Veteran  Non Vietnam-era Veteran

Vietnam Era definition - A person who served on active duty for more than 180 days, any part of which occurred between February 28, 1961\* and May 7, 1975 and was discharged or released with other than a dishonorable discharge; or who was discharged or released from active duty for a service-connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975. (\*Service between February 28, 1961 and August 5, 1964, must have been performed within the Republic of Vietnam in order to qualify)

Disabled Veteran:  Yes  No If Yes, percent (%) of disability: \_\_\_\_\_%

Disabled Veteran Definition - A person who is entitled to compensation under laws administered by the U.S. Department of Veteran Affairs for disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment disability, or (c) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide a letter from the Department of Veterans Affairs Secretary confirming employment disability as it relates to item (b).



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### SUPPLEMENTAL QUESTIONNAIRE

**(1) AVAILABILITY – (Days of the week) (Check all that apply)**

MON	TUES	WED	THUR	FR	SAT	SUN
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**(2) AVAILABILITY – (Times of day) (Check all that apply)**

MORNINGS	AFTERNOONS	EVENINGS
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**(3) AVAILABILITY – (Work Schedule/Status) (Check all that apply)**

<b>ON-CALL</b>	<i>(Relief coverage, etc. Requires someone who is flexible and able to respond to staffing needs as they arise. Hours worked, work schedule, and worksite will vary)</i>
<b>PART-TIME</b>	<i>(Less than 20 hrs./week)</i>
<b>SEASONAL/TEMPORARY</b>	<i>(Hired for a specific timeframe or project, such as summer employment, etc.)</i>
<b>HALF-TIME</b>	<i>(20-29 hrs./week)</i>
<b>THREE-QUARTER TIME</b>	<i>(30-39 hrs./week)</i>
<b>FULL-TIME</b>	<i>(40 hrs./week)</i>

**(4) AVAILABILITY – 24 HOUR OVERNIGHT SHIFTS (Check Yes or No)**

YES  NO (If YES, please list days of the week you would be available to work 24 hour shifts):

**(5) TRANSPORTATION – DSP’s are routinely required to transport clients in their personal motor vehicle, or Agency vehicle (Agency provides mileage reimbursement for use of personal vehicle @ the rate of 48.5 cents/mile). If driving is required, applicant must be at least 21 years of age, possess a current, valid Driver’s License, have been a licensed driver for a minimum of three years, and provide Agency with proof of current Auto Insurance Coverage and successful State Motor Vehicle Driver’s History Report, prior to employment. Do you meet these driving requirements and have access to a reliable and insured motor vehicle? (Check Yes or No)**

YES  NO

Signature of Applicant	Date Signed
Printed Name of Applicant	