



Denali Family Services

Human Resources
6401 A Street – Anchorage, AK 99518
Phone: 274-8281 Fax: 332-3092
www.denalifs.org

Our Agency mission is “supporting children and families through individualized, community-based services.” We are advocates. Every day we work with parents, children, health care providers, social workers, foster parents and anyone relevant in each child's life to assist in reaching the child's life goals. Denali Family Services is an equal opportunity employer.

APPLICATION FOR EMPLOYMENT

How did you hear about desired position?		
<input type="checkbox"/> ALEXsys	<input type="checkbox"/> University Website	<input type="checkbox"/> DFS Employee _____
<input type="checkbox"/> Agency Website	<input type="checkbox"/> Craigslist	<input type="checkbox"/> Other _____
Position Desired:		
<input type="checkbox"/> Behavioral Health Associate	<input type="checkbox"/> Foster Care Licensing Specialist	<input type="checkbox"/> Full-time
<input type="checkbox"/> Early Childhood BHA	<input type="checkbox"/> Clinician	<input type="checkbox"/> Part-time
<input type="checkbox"/> Case Manager	<input type="checkbox"/> Other _____	<input type="checkbox"/> Seasonal (BHA position only 30 + hours/week)
<input type="checkbox"/> Foster Care Recruiter		
Location Desired: <input type="checkbox"/> Anchorage <input type="checkbox"/> Valley		

Last Name	First Name	MI	Date of Application	
Print other names you have used (Include nicknames and maiden names):				
Mailing Address		City	State	Zip Code
Home Phone Number	Cell Phone Number		Email	

EDUCATIONAL HISTORY

High School Name: City/State: Dates attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Received: <input type="checkbox"/> Diploma <input type="checkbox"/> GED
College/University Name: City/State: Dates attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Credits Earned: _____ Course of Study: _____
Vocational/Other: City/State: Dates attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Credits Earned: _____ Course of Study: _____

REFERENCES (List two professional references, not relatives or friends but employers or colleagues, who have knowledge of your character)

Name of Professional Reference:	Phone Number:
Name of Professional Reference:	Phone Number:
Name of Family Reference:	Phone Number:

EMPLOYMENT HISTORY – Cover the past 10 years (month/year), starting with most recent position. Include relevant volunteer/internship experience. Gaps between employments of more than three months must be explained.

RESUME REQUIRED – APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A RESUME.

From:	To:	Employer:
Title:		Address:
Salary:	Contact Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor:	Description of Duties (If resume is attached, description of duties not required)	
Reason for leaving:		

From:	To:	Employer:
Title:		Address:
Salary:	Contact Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor:	Description of Duties:	
Reason for leaving:		

From:	To:	Employer:
Title:		Address:
Salary:	Contact Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor:	Description of Duties:	
Reason for leaving:		

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Title:		Address:
Salary:	Contact Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor:	Description of Duties:	
Reason for leaving:		

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Title:		Address:	
Salary:	Contact Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor:	Description of Duties:		
Reason for leaving:			

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Title:		Address:	
Salary:	Contact Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor:	Description of Duties:		
Reason for leaving:			

From:	To:	Employer:	
Title:		Address:	
Salary:	Contact Number:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor:	Description of Duties:		
Reason for leaving:			

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for Denali Family Services as an employee, contractor or in any other capacity? If yes, please explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 19 years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you provide documentation verifying your eligibility to work in the United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have current CPR and/or First Aid certification?
<input type="checkbox"/> Yes <input type="checkbox"/> No	All positions may require driving. Do you have a reliable vehicle?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid Alaska driver's license? Other state license? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any of your relatives received services from Denali Family Services?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received any traffic or motor vehicle violations over the past 3 years? If yes, please explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a misdemeanor or felony <i>OR</i> are you currently under indictment for a charge? If yes, please explain: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied for and/or been a foster parent through Denali Family Services? If yes, date applied or duration? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had any professional license pertaining to mental health services or child care? If yes, what license? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license to care for children revoked or denied in Alaska or any state? If yes, please explain: _____

Please note: If called upon for an interview, you may be required to bring a copy of your most current performance evaluation.

I certify that the information on this application is correct to the best of my knowledge and I have not knowingly falsified or misrepresented any facts. I understand that any falsification, misrepresentation, or omission of facts will result in denial of employment or immediate termination of employment.

In connection with my application for employment, and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility or doing so. I hereby consent to obtaining the above information from Denali Family Services and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Denali Family Services. I agree to release and hold harmless Denali Family Services from all liability with respect to the receipt of such information.

I understand that DFS requires the following pre-hire and continual employment requirements:

1. Proof of eligibility to work in the United States.
2. Pre-employment drug screening
3. Receipt of a clear federal and state background check.
4. Receipt of a satisfactory Division of Motor Vehicles driving record.

Applicant Signature: _____ Date: _____

Applicant/Employee Demographic Information

This form is strictly voluntary. The information contained on this form will be used for statistical purposes and to fulfill municipal, state, or federal reporting requirements. This information will be kept confidential and be retained separately for recordkeeping purposes. This page will not be provided to the interview team. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Gender:

- Female
 Male

Veteran Status:

- Vietnam Era Veteran
 Other Veteran
 Disable Veteran

Ethnic Group (Check Only One):

- Alaska Native & Native American
 Asian
 Black or African American
 Hawaiian or Pacific Islander
 Hispanic or Latino
 Multicultural (2 or more)
 Caucasian (Non-Hispanic)

Alaska Native and Native American - Any person having origins in any of the original peoples of Alaska and who maintains cultural identification through tribal affiliation or community recognition. And any person having origins in any of the original peoples of North American (Not including Alaska), and who maintains cultural identification through tribe affiliation or community recognition.

Asian - Any person having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian Subcontinent.

Black or African-American - Any person having origins in any of the black racial groups of Africa (not including people of Hispanic origin).

Hawaiian or Pacific Islander - Any person having origins in any of the original peoples of the Hawaiian or Pacific Islands.

Hispanic or Latino - Any person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Multicultural - Any person having origins in two or more racial or ethnic groups.

Caucasian (Non-Hispanic) - Any person having origins in any of the original peoples of Europe, North Africa or the Middle East (not including people of Hispanic origin).