



## AWAIC, Inc. Employment Application

### Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Supervisor			
Job Title			
Reason For Leaving			
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number	<b>Hourly Rate/Salary</b>		
	Starting	Final	
Supervisor			
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Address			
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	Starting	Final	
Supervisor			
Job Title			
Reason For Leaving			

Briefly explain all periods of Unemployment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a current Alaska driver's license and a good driving record?     Yes     No

**Note: Driving Under the Influence (DUI), Refusing to take a Breath Alcohol Content test, and/or Excessive Breath Alcohol Content convictions specifically will exclude an applicant from employment at AWAIC, Inc.**

Have you or a partner been a client of AWAIC in the past 2 years?     Yes     No

<b>Education</b>				
	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

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**Indicate any foreign languages you can speak, read, and/or write.**

	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

Describe any specialized training, apprenticeship, skills, extracurricular activities, and professional organizations you have been involved in.

\_\_\_\_\_

\_\_\_\_\_

Were you ever discharged by an employer? If so, give the name of the company and the reason for the discharge.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever served in the US Armed Forces?     Yes     No

What is your Selective Service Classification? \_\_\_\_\_

Are you presently a member of the Reserves or National Guard?     Yes     No

**Professional Registration and Certification**

Type of registration/certification	Issuing State	Number/Type	Exp. Date
_____	_____	_____	_____
_____	_____	_____	_____

**Other Relevant Experience**

Please provide any other information about yourself, your education or work experience (including any Domestic Violence employment experience), or personal history that you feel should be considered by the hiring supervisors.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AWAIC, Inc.  
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**References (other than friends or relatives)**

Name		Phone Number
Address	City	State      Zip Code
Name		Phone Number
Address	City	State      Zip Code
Name		Phone Number
Address	City	State      Zip Code

**Applicant's Statement**

The preceding statements are complete and true to the best of my knowledge. No information has been withheld which would affect my application unfavorably.

Each of my former employers and all other persons having information about me are authorized to give this information to AWAIC. I release these parties from any or all liability or damage resulting from the provision of such information. I authorize AWAIC to release any information that may be requested regarding my potential employment. References received and deemed unsatisfactory by AWAIC may be considered sufficient cause for discharge.

I understand that an offer of employment may be contingent upon completion of health requirements for acceptance by the agency, satisfactory reference check, criminal background check, and driving record.

I understand that all new employees are appointed to positions on an introductory basis for a minimum of four months. If I do not fulfill the assignments of my position within that period, AWAIC reserves the right to release me at any time.

I understand that misstatements and significant omissions of facts in this application may be grounds for discharge from employment. I understand, also, that I am required to abide by all rules and regulations of AWAIC.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**APPLICANT'S RELEASE OF INFORMATION**

Date: \_\_\_\_\_

Re: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Applied For: \_\_\_\_\_

I hereby authorize any individual, company, educational institute, or other agency with which I have been associated to furnish AWAIC with any information, which is on record concerning my employability.

I hereby release you from any liability for any damages whatsoever incurred in the furnishing of such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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AWAIC EQUAL EMPLOYMENT OPPORTUNITY SURVEY								
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>						
<b>Position Applied For:</b>			<b>Social Security Number:</b>					
TO ALL APPLICANTS								
This information is requested by the company to fulfill federal Equal Employment Opportunity reporting requirements. Your responses are strictly VOLUNTARY but we urge you to complete all items. Omitting this information will not subject you to adverse effects in the application process. <i>THIS PAGE WILL BE DETACHED FROM YOUR APPLICATION.</i>								
RACE, ETHNICITY, AND GENDER INFORMATION								
	<u>Female</u>	<u>Male</u>		<u>Female</u>	<u>Male</u>		<u>Female</u>	<u>Male</u>
Alaskan Native	___	___	American Indian	___	___	Asian or Pacific islander	___	___
Black	___	___	Hispanic	___	___	White	___	___

### DEFINITIONS OF RACIAL/ETHNIC GROUPS

**ALASKAN NATIVE:** Any person 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, for example; any person of Yup'ik, Inupiat, Aleut, Athabascan, Tlagit, Haida, or Tsimshian origin..

**AMERICAN INDIAN:** Any person 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 OR PACIFIC ISLANDER:** Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea; the Philippine Islands, and Samoa.

**BLACK:** (Not of Hispanic origin); any person having origins in any of the Black racial groups or Africa.

**HISPANIC:** Any person of Mexican, Puerto Rican; Cuban or South American, or other Spanish culture or origin, regardless of race.

**WHITE:** (Not Hispanic origin); any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

AGE INFORMATION	
Your Age: _____	Date of Birth: _____
DISABILITY INFORMATION	
Do you have a physical or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.	
If you have a physical or mental disability, do you require any assistance or accommodation to perform the duties of the position for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.	
VETERAN'S INFORMATION	
Branch of Service: _____	Dates of Active Duty: _____ Served in Vietnam? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date and Type of Discharge _____	Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of Disability? _____	Reserve Status? _____