



WILDFLOWER COURT

Dedicated to Excellence
 Fax: (907)463-8743

2000 Salmon Creek Lane, Juneau, AK 99801
 Phone: (907)463-8718
 www.wildflowercourt.org

Date Received Selected	Date Interviewed	No / Yes
/ /	/ /	No / Yes

Employment Application

Wildflower Court is an Equal Opportunity Employer

POSITION APPLIED FOR
Title: _____
Date Available: _____
Minimum Acceptable Salary: _____

GENERAL INSTRUCTIONS
<ul style="list-style-type: none"> • Complete the application in its entirety including the reference forms in ink or type written. An incomplete application will not be considered. • Application materials must be received by the announced deadline. • WFC doesn't accept applications except when a specific position is available. • Resumes may be attached but not submitted in place of the application. • Sign and date the application. • All information submitted is subject to verification. Criminal record checks will be run on all newly hired staff at Wildflower Court at applicant's expense. • Notify Human Resources in advance if you require special disability accommodations to participate in the employment process.

HOW DO WE CONTACT YOU
Your Name (Last) (First) (Middle)
Mailing Address
City State Zip
Physical Address (If different than mailing)
Daytime Phone Cell Phone Evening Phone
E-mail Address (PLEASE PRINT CLEARLY)

EDUCATION

HIGH SCHOOL:	
NAME/LOCATION OF SCHOOL	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None

YOUR NAME, IF DIFFERENT WHILE ATTENDING HIGH SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (Transcripts May Be Required)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		From	To	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING COLLEGE: _____

Licensure, Registration, Certifications

Examples: Driver License, RN, LPN, CNA, CPA, etc.

License, Registration or Certification:	Number	Date Received	Expiration Date	State Lic. Agency

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service and job related volunteer work, if applicable. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____
Address: _____ Phone No: _____
Your Job Title: _____ Supervisor's Name: _____
From: ____/____/____ To: ____/____/____ Hours Per Week: _____ (_____
Month Day Year Month Day Year Your Name if Different During Employment)
Duties and Responsibilities: _____

Reason For Leaving: _____
May we contact this Employer? Yes No

2 Name of Next Previous Employer: _____
Address: _____ Phone No: _____
Your Job Title: _____ Supervisor's Name: _____
From: ____/____/____ To: ____/____/____ Hours Per Week: _____ (_____
Month Day Year Month Day Year Your Name if Different During Employment)
Duties and Responsibilities: _____

Reason For Leaving: _____
May we contact this Employer? Yes No

3 Name of Next Previous Employer: _____
Address: _____ Phone No: _____
Your Job Title: _____ Supervisor's Name: _____
From: ____/____/____ To: ____/____/____ Hours Per Week: _____ (_____
Month Day Year Month Day Year Your Name if Different During Employment)
Duties and Responsibilities: _____

Reason For Leaving: _____
May we contact this Employer? Yes No

4 Name of Next Previous Employer: _____

Address: _____ Phone No: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ / _____ / _____ To: _____ / _____ / _____ Hours Per Week: _____ (_____
Month Day Year Month Day Year Your Name if Different During Employment)

Duties and Responsibilities: _____

Reason For Leaving: _____

May we contact this Employer? Yes No

5 Name of Next Previous Employer: _____

Address: _____ Phone No: _____

Your Job Title: _____ Supervisor's Name: _____

From: _____ / _____ / _____ To: _____ / _____ / _____ Hours Per Week: _____ (_____
Month Day Year Month Day Year Your Name if Different During Employment)

Duties and Responsibilities: _____

Reason For Leaving: _____

May we contact this Employer? Yes No

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide *additional* information.

KNOWLEDGE/SKILLS/ABILITIES (KSAs)

List KSAs you possess and **believe relevant to the position you seek**, such as operating equipment, computer skills, etc.

WORK SCHEDULE

WHAT TYPE OF WORK SCHEDULE DO YOU DESIRE?

- Full Time Part Time PRN Seasonal/Temporary
 Days Evenings Nights

List the days and hours you are **NOT** available to work:

BACKGROUND INFORMATION

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE LAST 5 YEARS?

Yes No

If "YES", what charges? _____

Where convicted? _____ Date of Conviction? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

Yes No

If "YES", what charges? _____

Where convicted? _____ Date of Conviction? _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature of the conviction, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

ARE YOU A FORMER EMPLOYEE OF WFC?

Yes No

If "YES", please give dates of employment and job position: _____

HAVE YOU EVER BEEN DISHCARGED OR FORCED TO RESIGN FROM ANY POSITON?

Yes No

If "YES", please give employer, date, and reason: _____

ARE YOU 18 YEARS OR OLDER?

Yes No

CITIZENSHIP

Wildflower Court hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

Yes No

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING AT WILDFLOWER COURT?

Yes No

If "YES", please complete the following: (Continue listing relatives on a separate page if necessary)

<i>Name</i>	<i>Relationship</i>	<i>Position at WFC</i>
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CERTIFICATION

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give WFC the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigation report may be made from the information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to WFC by schools and other education institutions I have attended.

I Understand that the completion of this application does not assure me of a position with WFC and does not obligate WFC to me in any way. I further understand that any misrepresentation herein will cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal. Candidates selected for hire must pass a finger print criminal background check. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative.

I understand that this application, exam documents, and attachments become a part of WFC's records and will not be returned.

I certify that to the best of my knowledge and believe all of the statements are true, correct, complete, and made in good faith.

SIGNATURE: _____ DATE: _____

Equal Employment Opportunity Form

Applicant Information

Full Name: _____

Last *First* *Middle*

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Social Security Number: _____

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

- American Indian/Alaskan Asian/Pacific Islander Black/African American
- Hispanic/Latino White/Caucasian Other

Gender

- Female Male

Military Service

- Pre-Vietnam Era Vietnam Era
- Post-Vietnam Era Disabled Veteran

How did you hear about this position?

- Newspaper Company Employee Friend/Relative
- Job Service Walk-In WFC Website
- Other Website Other