



**VOLUNTEERS OF AMERICA OF ALASKA, INC. IS AN EQUAL OPPORTUNITY EMPLOYER**

and considers applicants without regard to race, religion, creed, gender, national origin, age, disability, marital, veteran, or any other legally protected status.

DESCRIBE ANY SPECIALIZED TRAINING, WORKSHOPS, APPRENTICESHIPS, SKILLS, OR EXTRACURRICULAR ACTIVITIES YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

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INDICATE BELOW ANY LANGUAGES OTHER THAN ENGLISH YOU CAN SPEAK, READ, OR WRITE:

SPEAK \_\_\_\_\_ *FLUENT*      *GOOD FAIR*      PLEASE CIRCLE ONE

READ \_\_\_\_\_ *FLUENT*      *GOOD FAIR*      PLEASE CIRCLE ONE

WRITE \_\_\_\_\_ *FLUENT*      *GOOD FAIR*      PLEASE CIRCLE ONE

**REFERENCES**

NAME _____ ADDRESS _____ CITY/STATE _____ TELEPHONE (      ) RELATIONSHIP TO YOU: If you have an email please include	NAME _____ ADDRESS _____ CITY/STATE _____ TELEPHONE (      ) RELATIONSHIP TO YOU: If you have an email please include
NAME _____ ADDRESS _____ CITY/STATE _____ TELEPHONE (      ) RELATIONSHIP TO YOU: If you have an email please include	NAME _____ ADDRESS _____ CITY/STATE _____ TELEPHONE (      ) RELATIONSHIP TO YOU: If you have an email please include

**LIST 3 PROFESSIONAL REFERENCES AND 1 PERSONAL REFERENCE WHO IS NOT RELATED TO YOU.**

# EMPLOYMENT

EMPLOYER NAME \_\_\_\_\_ YOUR TITLE \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
PAY RATE: STARTING \$ \_\_\_\_\_ PER \_\_\_\_\_ ENDING \$ \_\_\_\_\_ PER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ YOUR TITLE \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
PAY RATE: STARTING \$ \_\_\_\_\_ PER \_\_\_\_\_ ENDING \$ \_\_\_\_\_ PER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ YOUR TITLE \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
PAY RATE: STARTING \$ \_\_\_\_\_ PER \_\_\_\_\_ ENDING \$ \_\_\_\_\_ PER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ YOUR TITLE \_\_\_\_\_  
SUPERVISOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
PAY RATE: STARTING \$ \_\_\_\_\_ PER \_\_\_\_\_ ENDING \$ \_\_\_\_\_ PER \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

USE ADDITIONAL SHEET OF PAPER IF NECESSARY

## COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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## **APPLICANT'S STATEMENTS**

Volunteers of America Alaska, Inc.

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Please Read this Document Carefully.

### **Verification of Accuracy**

By my signature below, I certify that the answers given on this application are true and correct to the best of my knowledge and understand that falsification of this information may result in refusal to hire, or, if hired, dismissal.

### **Release of Liability**

I also authorize Volunteers of America Alaska, Inc. and its representatives to investigate the accuracy of all statements I made in this application in the course of arriving at an employment decision. I also authorize all former employers to respond to Volunteers of America Alaska, Inc.'s questions about any aspect of former employment, and waive all rights to privacy and confidentiality in connection with any such investigation and inquiry. I hereby release from liability Volunteers of America Alaska, Inc. and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing to Volunteers of America Alaska, Inc. such information.

### **At-Will**

I acknowledge and agree that unless otherwise defined by applicable law, any employment relationship with Volunteers of America Alaska, Inc. is of an "at-will" nature. This means that I may resign at any time and Volunteers of America Alaska, Inc. may discharge me at any time, with or without cause. I understand that no representative of Volunteers of America Alaska, Inc. has the authority to make any assurances or commitments to the contrary. I further acknowledge that any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of the Volunteers of America Alaska, Inc. or myself.

### **VOA Rules & Regulations**

I understand further that if employed, I will be required to abide by all rules, regulations, policies and procedures of Volunteers of America Alaska, Inc. I acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to by Volunteers of America Alaska, Inc. at any time, at Volunteers of America Alaska, Inc.'s sole option and without any prior notice to me.

### **Background Checks**

The position for which I have applied has supervisory or disciplinary power over a minor or dependent adult. Accordingly, I freely and voluntarily give my consent to Volunteers of America Alaska, Inc. to conduct criminal background checks; obtain public records; and request from appropriate public safety officials all felony conviction, convictions involving contributing to the delinquency of a minor and convictions involving any sex crimes that may be maintained (as provided for by AS12.62.160 (9)).

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Applicant's Name Printed

Signature

Date