P O Box 189 Galena, AK 99741 Phone: (907) 656-2574

Fax: (907) 656-2573 email: asweetsir.ykealf@gmail.com

Yukon Koyukuk Elder Assisted Living Facility

August 21, 2018

RE: YKEALF EMPLOYMENT APPLICATON AND PROCEDURE

Thank you for considering YKEALF for your employment needs. I think we are a very rewarding place to work. It's a place where we "Honor our Elders by providing safe and loving care in a clean and culturally sensitive home."

Please be neat and thorough when completing your application, which consists of an employment application, a ROI, and Background Check Information. Be sure to:

- list at least 3 and preferably 5 references of individuals unrelated to you; 2 of them must be
 people who you have or had a professional relationship with, i.e. a teacher, employer or
 colleague; and
- list all your previous employment, including volunteer work and especially if you volunteered to help an elder, even your grandparents/parents.

You will be required to provide documentation that you are free of Tuberculosis. You can submit that documentation with your application if you prefer. However, we can wait until you are offered a position.

One of the first things we need to do is get a clearance from the State on your background history. You will need to provide two sets of finger prints (just incase one is too light or smudged). I will use that to run your clearance. Once I get a clearance and authorization to hire from the State, I will contact your references, maybe previous employers unless you indicate not, and then set up an interview with you.

Again, thank you for considering YKEALF for your employment needs.

Sincerely

Agnes Sweetsir ALH Administrator

"Honoring our elders by providing safe and compassionate care and support in a culturally sensitive home.

YUKON KOYUKUK ELDER ASSISTED LIVING FACILITY

Employment Application

APPLICANT INFORMATION											
Last Name				First			M.I.	Da	ate		
Physical Address		Вох									
City				State			ZIP				
Phone				E-mail Address							
Date Available Social Se				ecurity No.			DOB				
Position Appli	ied for										
Are you a citizen of the United States? YES				NO If no, are you authorized to work in the				ne U.S.?	YES 🗌	NO	
Have you eve	er worked for this	s company?	YES 🗌	NO . If so, when?							
	er been convicted any special licens		YES CNA	NO Other:	If yes, expl	ain					
EDUCATIO)N										
High School				Address						ogo (il) betore, visineri ni	
From	То	Did you	graduate?	YES 🗌	NO 🗌						
College				Address							
From	То	Did you	graduate?	YES 🗌	NO 🗌	Degree		100			
Other				Address							
From	То	Did you	graduate?	YES 🗌	NO 🗆	Degree					
REFERENC	CES PLEASE	LIST 2 EMPLO	YER AND 3	CHARACTER	R REFERENCE	E UNRELA	ATED TO YOU				
Full Name					Rela	ationship				description of the second of t	
Company Address					Pho	ne ()				
Full Name					Rela	Relationship					
Company Address					Pho	ne ()				
Full Name					Rela	Relationship					
Company Address					Pho	ne ()				
Full Name					Rela nsh		9				
Company Address					Pho)				
Full Name					Rela nsh						
Company Address					Pho	ne ()				

PREVIOUS	EMPLOYMEN	NT; INCLUDING VOL	UNTEER WORK						
Company				Phone ()					
Address				Supervisor					
Job Title Starting Salary				\$		Ending Salary \$			
Responsibilitie	es	*		*					
From	То	Reason for Leavir	Reason for Leaving						
May we conta	ct your previous	supervisor for a reference	e? YES 🗌	NO 🗌					
Company				Phone ()					
Address				Supervisor					
Job Title	Starting Salary			\$		Ending Salary \$			
Responsibilitie	es								
From	To Reason for Leaving								
May we conta	ct your previous	supervisor for a reference	e? YES 🗆	NO 🗆					
Company				Phone ()					
Address				Supervisor					
Job Title Starting Salary				\$	Ending Salary \$				
Responsibilitie	es								
From	То	Reason for Leavir	Reason for Leaving						
May we conta	ct your previous	supervisor for a reference	e? YES 🗌	NO 🗌					
MILITARY	SERVICE								
Branch	nch .				From	То			
Rank at Disch			of Discharge						
If other than I	nonorable, expla	in							
DISCLAIMI	ER AND SIGN	IATURE							
		true and complete to the I							
If this applicate may result in		ployment, I understand th	nat false or misleadi	ing informatio	n in my	application or interview			
Signature	Signature					Date			

Background Check Information

Full Name:		SSAN						
Drivers License	State I	ssued						
DOBPlace of Birth		Gender						
HeightWtEye C	Eye ColorHair Color							
EthnicityUS Citizen (Y or N) Other or previous names & explanation Current PHYSICAL Address & date moved there								
Current Mailing address								
Other addresses you resided at	the last 10 year	rs:						
Address, City & State	Date moved to	Date moved out						
Phone numbers: (Home, Work,	Cell, Message)							
Email address								
Signature and Date:	-							