

P.O. Box 189

Galena, AK 99741

Phone: (907) 656-2574

Fax: (907) 656-2573

Email: ykealf311@gmail.com

Yukon Koyukuk Elder Assisted Living Facility

June 26, 2024

RE: YKEALF EMPLOYMENT APPLICATION 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 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 parents/grandparents.

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 will need to do is get a clearance from the State of Alaska on your background history. You will need to provide two sets of fingerprints (just in case one is too light or smudged). This will be used to run your clearance. Once we receive clearance and authorization to hire from the State, your references will be contacted, maybe previous employers unless you indicate otherwise, and then set up an interview with you.

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

Sincerely,

Chastity Reitan

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

APPLICATION INFORMATION

DATE

Last Name

First Name

M.I.

Physical Address

Box

City

State

ZIP

Phone

Email

Date available

Social Security No.

DOB

Position Applied for

Are you a citizen of the United States?

Yes () No() If no, Are you authorized to work in the U.S.? Yes () No()

Have you ever worked for this company?

Yes () No() If so, when?

Have you ever been convicted of a crime?

Yes () No() If yes, explain

Do you have any special licenses or certifications?

CNA () Other:

EDUCATION

High School

Address

From To

Did you graduate? Yes () No()

College

Address

From To

Did you graduate? Yes () No() Degree

Other

Address

From To

Did you graduate? Yes () No() Degree

REFERENCES

PLEASE LIST 2 EMPLOYER AND 3 CHARACTER REFERENCE UNRELATED TO YOU

Full Name

Relationship

Company address

Phone ()

Full Name

Relationship

Company address

Phone ()

Full Name

Relationship

Company address

Phone ()

Full Name

Relationship

Company address

Phone ()

Full Name

Relationship

Company address

Phone ()

PREVIOUS EMPLOYMENT; INCLUDING VOLUNTEER WORK

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary\$
Responsibilities
From To Reason for Leaving:
May we contact your previous supervisor for a reference? Yes () No()

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary\$
Responsibilities
From To Reason for Leaving:
May we contact your previous supervisor for a reference? Yes () No()

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary\$
Responsibilities
From To Reason for Leaving:
May we contact your previous supervisor for a reference? Yes () No()

MILITARY SERVICE

Branch From To
Rank at Discharge Type of Discharge
If other than honorable, explain:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false and misleading information in my application or interview may result in my release from employment.

Signature: Date:

Background Check Information

Full Name: _____ SSN: _____

Drivers License: _____ State Issued: _____

DOB: _____ Place of Birth: _____ Gender: _____

Height: _____ Wt: _____ Eye Color: _____ Hair Color: _____

Ethnicity: _____ US 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 years:

Address, City & State	Date moved to	Date moved out

Phone numbers: (Home, Work, Cell, Message)

Email Address: _____

Signature and Date: _____