P.O. Box 189
Galena, AK 99741
Phone: (907) 656-2574
Fax: (907) 656-2573
Email: administrator@ykealf.org

Yukon-Koyukuk Elder Assisted Living Facility

May 15, 2026

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. We require an $90.00 processing fee. This can be paid to: YKEALF and mailed to the above address. If you are hired, this fee will be reimbursed after 90-day probationary period.
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,
Ginger Attla, 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 Sate 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 REFERENCES 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:_____