

CAREGIVER/ TEACHER APPLICATION FOR EMPLOYMENT
Imagination Station/Imagination Station Express
300 E 56th Ave
Anchorage, AK 99518

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

PERSONAL INFORMATION

Legal name: First _____ Last _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip code _____

Cell phone: _____ Other Telephone: _____

E-mail: _____ SSN _____

Driver's License #: _____ State: _____
(position may require operation of a company vehicle)

Are you legally eligible for employment in the United States? Yes No

United States Visa status, if applicable: _____

Have you been convicted of a felony? Yes No

If yes, please explain circumstances: _____

Are you at least 18 years old? Yes No

POSITION INFORMATION

Position(s) applying for: _____ Salary desired: \$ _____

Employment status desired: Full Time Part Time Temporary

What hours are you available to work? _____

If hired, when could you start? _____

How did you hear about this job? _____

BACKGROUND SELF-REPORTING STATEMENT

LICENSING HISTORY

Have you ever been licensed or registered to care for adults or children by any state, federal government, or agency? () YES () NO

If "YES" what kind of license did you have (child care home or center, child or adult foster care, etc.)

When were you licensed?

At what location?

Have you ever been denied a license or registration to care for a children or adults or had such license revoked? () YES () NO

If "YES", when, where, why, and for what type of child or adult care was the application denied or licensed revoked?

CHILD ABUSE/NEGLECT

Have you ever had a child whom you were legally responsible (natural child, foster child or adopted child) removed from your custody by child welfare agency in any state, after a protective services investigation of possible abuse/neglect? () YES () NO

If "YES", what was the child's name?

Where, why, and when did this occur?

Has a child from whom you were legally responsible (natural child, foster child or adopted child) ever received ongoing protective services in your home from the State of Alaska or a child welfare agency in any state after a protective services investigation of possible abuse and/or neglect? () YES () NO

If "YES", what was the child's name?

Where and when did this occur?

HEALTH

During the past ten years, have you had any handicapping conditions, chronic conditions, or serious physical, mental, or emotional illnesses? YES () NO ()

If "YES", please describe. Include a description of any vision or hearing problem and any limitations on mobility. Include treatment and current status. If currently taking medication, give the name of the medication.

During the past ten years, have you had any history of alcohol or drug abuse? Yes () NO ()

If "YES", please describe. Include treatment and current status.

What is your present health condition? EXCELLENT () GOOD () FAIR () POOR ()

CRIMINAL CHARGES OR CONVICTIONS

Have you been convicted within the past ten years of a crime of moral turpitude, or have you ever been convicted of a crime of violence or sexual abuse? YES () NO ()

If "YES", give detail, including date, place, and nature of convictions and disposition.

Are you currently charged with (indictment or official complaint accepted by district attorney) a felony or a misdemeanor? YES () NO ()

If "YES", give details, including the type of charges.

CHILD CARE STAFF
ANNUAL SELF-PREPARED HEALTH HISTORY for
IMAGINATION STATION

Name of staff: _____ DOB: _____

Position in center: _____

Position responsibilities:

Floater Infants Toddlers

Preschool age Kitchen Food Handling

Brief description of responsibilities:

1. Do you have any health conditions or symptoms (physical, mental, or emotional) that will restrict you from fully performing this job? (“Health conditions” include such concerns as allergies or communicable diseases: “symptoms” include such concerns as dizziness, fainting, seizures, back trouble, disorders of eyes, ears, nose, or throat.) YES _____ NO _____

2. If so, what conditions?

3. How does this condition(s) restrict your care of children or the performance of your job?

4. Are you or have you been in the last year under treatment for any health, drug, alcohol or mental health problems? YES _____ NO _____

5. How does this treatment impact your ability to perform this job?

I understand that health conditions, symptoms or treatments do not necessarily prevent me from working with children. I understand that further evaluations may be required, as defined in AMC 16.55.440, if necessary to determine whether I can perform the job.

YES _____ NO _____

My signature indicates that the above information is understood, true, and gives an accurate picture of my health as it relates to this job in a child care center.

Signature _____ date: _____

***References**

May your present employer be contacted? () Yes () No

Give the names and addresses of three persons, **other than relatives**, who know you.

Name	Address (Street, City, State, Zip)	Telephone Number

In addition to the three personal references listed above, this facility may contact your previous employers for a reference.

*Required by regulation

EDUCATION

Type of school	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College / University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience: _____

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Signature of Applicant

Date

Background Clearance Information

First Name: _____ Middle Name: _____ Last Name: _____
Suffix: _____

Please list any other prior names/aliases you have gone by:

SSN: _____ DOB: _____ Race: _____ Gender: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Are you a US Citizen: Yes _____ No _____ Place of birth _____

Phone Number: _____ Email: _____

Physical Address: _____

City: _____ Zip Code: _____

Mailing Address:

City: _____ Zip Code: _____

If you have lived outside of Alaska at any time please list the years and states:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

I understand that this is required information to process the background check process any false information could lead to immediate termination.

Fingerprints must be turned into to our office before you can start working. Once we receive them they are turned into the state and we must wait for approval.

Signature: _____ Date: _____

Office Use Only:

- Online Application
- New ROI
- FP Card
- Process Complete
- Approved



RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

This form must be signed by the applicant for a background check and must be maintained in the individual's personnel file. If requested by the department, the form must be provided within 24 hours.

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I, _____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

I, _____, understand that upon submission of my fingerprints will be used to check the criminal history records of Alaska and of the Federal Bureau of Investigations (FBI).

I, _____, understand that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Printed Name of Applicant (must be legible)

Date

Signature of Applicant

Applicant's SSN

Parent Printed Name, if applicable (must be legible)

Parent Signature.

Applicant Questionnaire

Please complete as quickly as you can. There is no right or wrong answers to these. We hope this will let us get to know you better.

1. Children are wonderful but _____

2. When a child cries, it makes me feel like _____

3. When I speak to children _____

4. Children who are not potty trained _____

5. What children want to make them happy is _____

6. What children need most is _____

7. A child feels unhappy when _____

8. Children are naughty because _____

9. Children who “pretend” _____

10. Friends are important to children because _____

11. Children get into everything because _____

12. Children learn the most when _____

13. Children's art _____

14. My favorite story or picture book for children is _____

15. My favorite TV show for children is _____

16. Something that always make me smile is _____

17. Something that makes me so angry is _____

18. When I first get up in the morning, I feel _____

19. My childhood was _____

20. What I consider a real mess is _____

21. The kind of mess that doesn't bother me is _____
