

**ALASKA WOMEN'S RESOURCE CENTER  
CHILDREN'S PROGRAM  
an Akeela Program**

**SUPPLEMENTAL APPLICATION FOR EMPLOYMENT IN CHILD/ADULT CARE FACILITY**

It is the policy of Akeela Inc. to initiate comprehensive affirmative action personnel programs in order to provide applicants and employees the right to equal employment opportunities. Akeela Inc. will not engage in discriminatory practices against any person employed or seeking employment because of race, color, religion, ethnic background, national origin, marital status, physical or mental handicaps, veteran status or sexual preference or within the limits imposed by law because of age or citizenship.

POSITION APPLIED FOR: \_\_\_\_\_ Date: \_\_\_\_\_

Are you seeking:            Full-time \_\_\_\_\_            Part-time \_\_\_\_\_            Temporary \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

How did you learn about us? Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Walk-In \_\_\_\_\_  
    Employment Agency \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Initial                                      Social Security Number

	Name and Location of Institution	Highest Grade Completed
High School		
Junior High School		
Elementary School		

**LICENSING HISTORY**

Have you ever been licensed or registered to care for adults or children by any state or 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 and at what location? \_\_\_\_\_

Have you ever been denied a license or registration to care for children or adults or had such a license revoked?     Yes     No

If yes, when, where, why, and for what type of child or adult care was the application denied or license revoked? \_\_\_\_\_

\_\_\_\_\_

## CHILD ABUSE/NEGLECT

Have you ever had a child for whom you were legally responsible (natural, foster, or adopted child) removed from your custody by 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(ren)s name? \_\_\_\_\_

Where, why, and when did this occur? \_\_\_\_\_

Has a child for whom you were legally responsible (natural, foster, 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(ren)s name? \_\_\_\_\_

Where, why, 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 \_\_\_\_\_

\_\_\_\_\_

During the past ten years, have you had any problems with vision, hearing, or limitation of mobility?

Yes  No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

During the past ten years have you had any history of alcohol or drug abuse?  Yes  No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medication?  Yes  No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

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?  Yes  No

If yes, give details including date, place, and nature of conviction and disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If yes, give details including the type of charges: \_\_\_\_\_

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**PLEASE READ CAREFULLY BEFORE SIGNING**

**I certify that this information contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I understand that the employer may contact others and at any time to seek verification of any and all information contained herein.**

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant Date