

Mat-Su Health Services, Inc.
1363 West Spruce Avenue
Wasilla, Alaska 99654

(Please Print)

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, disability, religion, national origin, or any other protected classification.

FULLY COMPLETE AND SIGN THE APPLICATION FORM. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

DATE: _____ **SOCIAL SECURITY NO.:** _____

NAME: _____
(Last) (First) (Middle Initial)

MAILING ADDRESS: _____
(PO Box) (House No.) (Street) (City) (State) (Zip)

TELEPHONE NUMBER: _____ How long have you lived at this address? _____

PREVIOUS ADDRESS: _____ How long did you live there? _____
(No.) (Street) (City) (State) (Zip)

E-Mail Address: _____

Position Applied For: _____ Rate of Pay Expected \$ _____ per _____

Have you been told the essential functions of the job or have you been shown a copy of the job description? Yes ___ No ___

Can you perform these essential functions with or without reasonable accommodation? Yes ___ No ___

Do you want to work: full-time _____ part-time _____ relief/on-call _____ temporary _____

How did you learn of this opening(referred by)? _____

Have you worked for us before? _____ If "yes," when? _____

List any friends or relatives working for us: _____

If hired, on what date will you be available to start work? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? No _____ Yes _____
(If "yes," describe in full) _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

NAME _____ **PHONE NUMBER** _____

ADDRESS _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	HOW MANY YEARS ATTENDED	DEGREE	COURSE OR MAJOR
Grammar or Grade				
High School				
College				
Post Graduate				
Business or Trade				
Other				

In addition to your work experiences, what other experiences, skills, or qualifications would especially fit you for work with our company?

PERSONAL REFERENCES (excluding former employers or relatives)

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

PRIOR WORK HISTORY (List in order, last or present employer first)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & PHONE NUMBER	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did:

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & PHONE NUMBER	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did:

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & PHONE NUMBER	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did:

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & PHONE NUMBER	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did:

May we contact the employers listed above? Yes _____ No _____ If not, indicate below which one(s) you do not wish us to

contact: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application will be considered sufficient cause for dismissal.

I authorize Mat-Su Health Services, Inc. to make any investigation of my personal, educational, vocational, *credit, or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government agency to provide Mat-Su Health Services, Inc. with information they have regarding me. I hereby release and discharge Mat-Su Health Services, Inc. and those who provide information from any and all liability as a result of furnishing this information.

I understand that employment with Mat-Su Health Services, Inc. is "at will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or representative of the Company has authority to alter the foregoing.

Guided by the National Association of Social Workers Code of Ethics and American Psychological Association, Ethical Principles of Psychologists and Code of Conduct, Mat Su Health Services does not hire active behavioral health clients or family members** of active behavioral health clients as employees. Therefore, if you are an active behavioral health client of Mat-Su Health Services or have a family member** who is an active behavioral health client, you are not eligible for employment and you should not apply.

Authorization

I voluntarily authorize Mat-Su Health Services to conduct the following background checks as required by AS 47.05.310-AS 47.05.390:

- National Sex Offender Public Registry check (MSHS will conduct)
- Alaska State Troopers Interested Persons Report, if applicable (applicant will obtain, if requested)
- Courtview Public Access Website-Alaska Court System (MSHS will conduct)
- Driving History Report, if applicable (applicant will obtain)
- OIG Exclusions/System for Award Management (SAM) database report (MSHS will conduct)
- Alaska Department of Health and Social Services fingerprint based criminal background check, if applicable (MSHS and applicant will conduct)

Please check one of the following:

- I do not want a copy of any report obtained about me.
- I do want a copy of any report obtained about me (provided at no charge)

(Signature of Applicant)

(Date Signed)

* NOTE: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained.

** Call Human Resources at 376-2411 for defined list of family members.