



EMPLOYMENT APPLICATION

Please submit completed application to:
hr@akseedsofchange.com
 or call (907)762-2848 to submit in person
 704 W 26th Ave
 Anchorage, AK 99503

APPLICANT INFORMATION

Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.							
Position Applied for											
Are you legally eligible for employment in this country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If you are under 18 years old, can a guardian sign a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									

EDUCATION

High School				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						

REFERENCES

Please list three personal or professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

PREVIOUS EMPLOYMENT (if there are gaps in employment or this is your first job, please explain in comments below)

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

OTHER COMMENTS

ACKNOWLEDGEMENT

I understand and agree that any omission, misrepresentation, or misstatement of material fact in this application and/or attached resume (if any) may result in refusal of or termination from employment. I agree to conform to the rules and regulations of ACMHS. If hired, my employment may be terminated at any time with or without cause or notice, at the option of either my employer or myself. I understand that no ACMHS representative has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I also understand and agree to voluntary drug and alcohol testing for reasonable cause. I understand that refusal to comply may result in termination of employment.

I authorize ACMHS to verify all information provided by me on this application or in support of my efforts to obtain employment within ACMHS and to obtain any information relating to my employment with you. I further authorize you to release such information to ACMHS. I agree to hold harmless, and to absolve ACMHS and you from any and all liability, and hereby waive any claim I may have against ACMHS and/or you for any loss, damage, or injury that I may sustain as a result of ACMHS' efforts to verify such information provided by me or any disclosure made in accordance with this authorization. I understand that if I have requested that my current employer not be contacted prior to accepting an offer of employment, that should I accept an offer, ACMHS intends to contact my former employer.

Signature	Date
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