



# Chugiak-Eagle River Senior Center Employment Application

Please Print Clearly and Legibly

Position applying for:

Date

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22424 North Birchwood Loop, Chugiak, AK 99567 • Phone: (907) 688-2687 • Fax: (907) 688-1319 • Web Site: [www.chugiak-seniors.org](http://www.chugiak-seniors.org)

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NO.
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CURRENT MAILING ADDRESS	NUMBER & STREET	APT. NO.	CITY	STATE	ZIP CODE
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HOME PHONE	BUSINESS / MESSAGE OR CELL PHONE:	OTHER NAMES USED WHILE EMPLOYED WITHIN THE STATE OF ALASKA:
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Are you legally eligible for employment in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER BEEN EMPLOYED BY CHUGIAK SENIOR CENTER? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," exact job title and department is:
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6. ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY CSC EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," give name of person and relationship _____ _____	Are you over 18? _____ Yes _____ No Type of employment that you will accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
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NAME, CITY & STATE OF HIGH SCHOOL, COLLEGES/UNIVERSITIES ATTENDED	UNITS COMPLETED		COURSE OF STUDY/MAJOR	TYPE OF DEGREE:	COMPLETED:	
	SEMESTER	QUARTER			YES	NO
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL LICENSE OR CERTIFICATE (ATTACHED COPY)	CERTIFICATE NUMBER	DATE ISSUED	EXPIRATION DATE

LIST ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE FLUENTLY	PLEASE INDICATE VALID DRIVER'S LICENSE OR ID NUMBER, STATE, EXPIRATION DATE

NAME, ADDRESS AND PHONE NUMBER OF EMERGENCY CONTACT

**EXPERIENCE:** Begin with your most recent experience. List all employment in the last SEVEN years that is related to the job for which you are applying. Indicate Self-employment, U.S. Military Service and Volunteer Experience. Indicate "Volunteer" in the space for salary. Include details that meet the entrance requirements of the position.

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	REASON FOR LEAVING
TO Mo/Yr	ADDRESS      CITY      STATE      ZIP	NAME OF SUPERVISOR	SUPERVISOR OR HUMAN RESOURCE PHONE NO.
HRS. PER WK.	DUTIES:		
SALARY: \$ PER/			

FROM Mo/Yr	EMPLOYER (BUSINESS OR AGENCY NAME)	TITLE OF YOUR POSITION	REASON FOR LEAVING
TO Mo/Yr	ADDRESS      CITY      STATE      ZIP	NAME OF SUPERVISOR	SUPERVISOR OR HUMAN RESOURCES PHONE NO.
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Hobbies and/or special interests: \_\_\_\_\_

Have you ever been convicted of any offense other than a minor traffic violation? YES \_\_\_ NO \_\_\_ If yes, please explain, giving dates:

Add here any additional information you believe will assist in assessing your qualifications.

How did you first learn of this position? \_\_\_\_\_

REFERENCES: (People who know you well, either personally or in business, who are not related to you.)

Name	Title
Address	City/State/Zip Phone#
Name	Title
Address	City/State/Zip Phone#

As part of our hiring procedure, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

We are an equal opportunity employer. You will be asked to provide proof of the right to work in the United States. If necessary for the position, you may be required to provide fingerprints for a background check or an interested person report from the State Troopers.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE