



**BIRCHWOOD**  
behavioral health

# Employment Application

*If you attach a resume, please be sure to completely fill out this form as well.*

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Are you 21 or older? Yes  No

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

## **EDUCATION**

Did you graduate from High School? Yes  No  If No, did you receive a G.E.D.? Yes  No

Name of High School: \_\_\_\_\_

	Name of School	Location	Dates Attended	Type of Diploma or Degree	Major Field of Study
College or University					
Technical or Vocational					

Describe any other relevant training you have. Give date, location, and the name of the organization sponsoring the training.

Training	Name of Organization Sponsoring the Training	Location	Dates Attended	Hours Completed

List any professional licenses or certificates you hold, or memberships in professional organizations:

Do you have an Alaska Driver's License? Yes  No  If "No" are you willing and able to obtain one? Yes  No

**EMPLOYMENT AND EXPERIENCE**

May your present employer be contacted? Yes  No  If "No" then explain:

*List all positions held within the last ten years, beginning with the most recent employer:*

Dates of Employment:                      Employer:                                      Position:  
Employer Address:                                      Employer Phone Number:  
Describe your job duties:

---

Dates of Employment:                      Employer:                                      Position:  
Employer Address:                                      Employer Phone Number:  
Describe your job duties:

---

Dates of Employment:                      Employer:                                      Position:  
Employer Address:                                      Employer Phone Number:  
Describe your job duties:

**REFERENCES**

List the names and addresses of three people, excluding relatives, who know you and can comment on your character and your ability to work with children. **One reference MUST be from an employer:**

Employer Name:  
Address (City, State, and Zip Code):  
Phone Number:

Name:  
Address (City, State, and Zip Code):  
Phone Number:

Name:  
Address (City, State, and Zip Code):  
Phone Number:

## **LICENSING HISTORY**

Have you ever been licensed to care for adults or children by the State of Alaska or by any other state?

Yes  No

If "Yes", when, where, and for what type of care (child care homes, child or adult foster care, etc.) were you licensed?

Have you ever been denied a license or registration to care for adults or children, or had such a license revoked in Alaska or any other state? Yes  No

If "Yes", when, where, and for what type of care was the application denied or license revoked?

## **CHILD ABUSE/NEGLECT**

Has a child for whom you were legally responsible (biological child, foster child, adopted child, or child in your care) been removed from your home by the State of Alaska or a child welfare agency in another state, after an investigation of possible abuse and/or neglect? Yes  No  If "Yes", please explain.

Has the State of Alaska or a child welfare agency in another state determined that you neglected or abused a child for whom you were responsible? Yes  No  If "Yes", please explain.

## **HEALTH**

Do you have any physical, health, or mental health or behavioral problems, including alcohol or other substance abuse problems that might affect your ability to care for children? Yes  No  If "Yes", please explain.

Do you have a domestic violence problem that could be detrimental to the health, safety, or well being of children in your care? Yes  No  If "Yes", please explain.

## **CRIMINAL CHARGES OR CONVICTIONS**

Are you currently under indictment or charged with a crime or have you been indicted or convicted of a crime within the past ten years? Yes  No  If "Yes", give details, including dates, place, and nature of charge or conviction and disposition.

*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 hereby authorize the employer to contact the persons listed as references and I understand that the employer may contact others and, at any time, seek verification of any and all information contained herein.*

---

Signature

---

Date