



# Playful Journeys Counseling Center

## APPLICATION for EMPLOYMENT

1261 S. Seward - Meridian Pkwy  
Ste. L  
Wasilla, AK 99654  
Phone: 907-376-9091  
Fax: 907-376-9094  
www.playfuljourneys.com

### An Equal Opportunity Employer

- 1) Complete this application by typing or printing legibly in ink. **Provide detail - do not use "see resume"**. Check for errors before submitting. All parts of the application **must be completed**. An **UNSIGNED** application will **not** be considered.
- 2) The information contained on this form is sought in good faith. It will not be used in any way to discriminate against any applicant for employment in violation of state or federal laws.
- 3) If accommodation or assistance is needed in completing this application, contact Management.

### SECTION 1: GENERAL INFORMATION

Last Name:  First Name:  Initial:

Address:  E-mail:

City:  State:  Zip Code:

Phone: (  )  -  Message Phone: (  )  -  Date Available:

#### POSITION(S) APPLYING FOR:

Have you ever been convicted of a crime other than a minor traffic violation? If yes, please explain on back ☐ Yes ☐ No of application. (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)

Can you provide proof, if hired, that you are eligible to work in the United States? ☐ Yes ☐ No

### SECTION 2: VETERAN'S PREFERENCE

**Veteran's Eligibility:** You must be a North Dakota resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other campaign service medal during an emergency condition, and must have been released under other than dishonorable conditions. See North Dakota Century code 37-19.1.

Do you claim preference as a:

Veteran ☐ No ☐ Yes - Attached DD-214, Report of Separation  
Disabled Veteran ☐ No ☐ Yes - Attached DD-214 & letter less than 1 yr. old from veteran's administration indicating disability.  
Spouse of Disabled Veteran ☐ No ☐ Yes - Attach copy of marriage certificate, DD-214 & letter less than 1 yr. old from veteran's administration indicating disability.  
Spouse of Deceased Veteran ☐ No ☐ Yes - Attach copy of marriage certificate, DD-214 & veteran's death certificate

### SECTION 3: EDUCATION AND/OR TRAINING

Did you graduate from high school or receive a GED Certificate?

COLLEGE NAME & CITY/STATE	Number of Credits		Field		Did you graduate?	Diploma or Degree Earned
	Qtr.	Sem.	Major	Minor		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

**NOTICE:** If the position requires a degree an official transcript of the degree is required with this application.

**SECTION 4: PROFESSIONAL SKILLS / LICENSES**

License/Certification	State	Profession	License/Certification #	Expiration Date

**CLERICAL SKILLS:** ☐ Typing (speed/accuracy) \_\_\_\_ / \_\_\_\_ ☐ Data Entry (speed/accuracy) \_\_\_\_ / \_\_\_\_ ☐ Ten Key

**If applying for a skilled craft job, are you a recognized Journey Level Worker?** ☐ Yes ☐ No

Craft or Trade:

Date Received:

**COMPUTER SKILLS** (computer programs that can be operated proficiently):

**EQUIPMENT SKILLS** (equipment or machines and the types of operations that can be operated proficiently):

**SECTION 5: EMPLOYMENT EXPERIENCE**

**Begin with your present or most recent job** and list your last four (4) jobs with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. List each promotion as a separate position. If the block provided below is not an adequate amount of space, you may respond to this section on a separate sheet of paper if all questions are answered and the same format is followed. **This information must be completed even if a resume is submitted.**

**Notice to applicant:** Information that you provide on this application is subject to verification. Previous employers may be contacted as references. **May we contact your present employer?** ☐ Yes ☐ No

Employer:	Type of Business:	
Address:	City/State/ZIP:	
Dates: (     /     /     ) To (     /     /     )	Highest Salary:	Hours/week:
Phone Number: (     )	Immediate Supervisor:	
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):		
Reason for Leaving:		

**SECTION 5: EMPLOYMENT EXPERIENCE - continued**

Employer:		Type of Business:	
Address:		City/State/ZIP:	
Dates: (     /     /     )	To (     /     /     )	Highest Salary:	Hours/week:
Phone Number: (     )		Immediate Supervisor:	
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):			
Reason for Leaving:			

Employer:		Type of Business:	
Address:		City/State/ZIP:	
Dates: (     /     /     )	To (     /     /     )	Highest Salary:	Hours/week:
Phone Number: (     )		Immediate Supervisor:	
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):			
Reason for Leaving:			

Employer:		Type of Business:	
Address:		City/State/ZIP:	
Dates: (     /     /     )	To (     /     /     )	Highest Salary:	Hours/week:
Phone Number: (     )		Immediate Supervisor:	
Describe Duties (job title, knowledge, skills, abilities required, employees supervised, accomplishments):			
Reason for Leaving:			

## SECTION 6: GENERAL INFORMATION

Use this area to list any additional information.

*Alaska law prohibits smoking of tobacco products and use of electronic smoking devices in the workplace, in public vehicles, and in certain areas outside public buildings and structures.*

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other business practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of Playful Journeys Counseling Center, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by Playful Journeys Counseling Center management. Both the undersigned and Playful Journeys Counseling Center may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Playful Journeys Counseling Center may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. **I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice.** I authorize the investigation of all matters contained in this application and hereby give Playful Journeys Counseling Center permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Playful Journeys Counseling Center from any liability as a result of such contact.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, mode of living and criminal background. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I further understand that my employment with Playful Journeys Counseling Center is at-will, and that at any time during employment my employment relationship with Playful Journeys Counseling Center is terminable for any reason by either party. **I also understand that if I am selected for hire, I must successfully pass pre-employment checks prior to beginning employment which may include drug and alcohol screening, and motor vehicle record verification.**

**I attest that all information and statements I have provided in this application are true and complete.**

\_\_\_\_\_  
Applicant (signature)

\_\_\_\_\_  
Date