



FOCUS, Inc.

Family Outreach Center for Understanding Special-Needs, Inc.

APPLICATION FOR EMPLOYMENT

Position Applied for: _____ Date: _____

Name: _____

Address: _____
Street/P.O. Box City State Zip Code

Telephone(s): _____

Valid Alaska Drivers License Yes No

If yes, drivers license number & expiration date: _____

Are you currently employed? Yes No

If yes, can we contact your present employer? Yes No

Have you been convicted of a misdemeanor within the past five years or a felony within the past ten years? Yes No

(If yes, explain on a separate sheet of paper and attach it to this application. A conviction record is not absolute grounds for disqualification. The number, nature, recency and relationship to the job applied for will be evaluated in reviewing this application.)

On what date would you be available for work? _____

Why do you want to be a Provider? _____

What days/times would you be available to work?

Mornings _____ Time _____ Mon Tues Wed Thurs Fri (circle days)
Afternoons _____ Time _____ Saturdays _____ Time _____
Evenings _____ Time _____ Sundays _____ Time _____

Approximately how many hours per week would you like to work? _____

Do you have Transportation? Yes No

Would you be willing to drive to families homes in Eagle River/Chugiak area? Yes No

Are you interested in being a provider for persons with:

- Developmental Disabilities Autism Down's Syndrome
 Medically Fragile Condition Cerebral Palsy Visually Impaired
 Behaviorally Disturbed Epilepsy Any Disability

What age individuals would you be interested in working with? (Circle Ages)

Birth - 5 yrs 6 - 10 yrs 11 - 15 yrs 16 - 20 yrs 21+ yrs

Education:

High School Diploma: () Yes () No Name/Location of H.S.: _____

Date Diploma Received: _____ If GED, give number/issuing state: _____

College/University Graduate Credits:

Name of School/Location	Major	Degree Date

Work History:

It is the responsibility of the applicant to demonstrate possession of the minimum qualifications at the time of application. List most recent employer first.

Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

Phone Number: _____ Reason for Leaving: _____

Pay Rate: _____ Inclusive Dates: _____

Description of Duties: _____

Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

Phone Number: _____ Reason for Leaving: _____

Pay Rate: _____ Inclusive Dates: _____

Description of Duties: _____

Employer: _____ Job Title: _____

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