



## Employment Application

525 W Potter Drive, Anchorage, AK 99518

(907) 563-3041

[anchoragegymnastics.org](http://anchoragegymnastics.org)

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The following are required to be completed and on file at Anchorage Gymnastics Association prior to your first day of work

- Employment application (complete)
- State of Alaska Release of Information (ROI) form
- Employment eligibility verification (I-9 form)
- W4
- Copy of current drivers license or current picture ID
- Fingerprints: Hi-Tech Imaging, 3901 Old Seward Hwy, 563-4659



# Employment Application

525 W Potter Dr. Anchorage, AK 99518  
p (907) 563-3041 f (907) 563-1441 anchoragegymnastics.org

Full Name: \_\_\_\_\_ Are you 18 or over? [ ] Yes [ ] No

Mailing Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

SSN#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Driver's License # \_\_\_\_\_ email: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Hours available to work: \_\_\_\_\_

Education	School/Location	M/Yr to M/Yr	Graduated	Diploma or Degree	Major Field of Study
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ElementarySchool: \_\_\_\_\_

Junior/MiddleSchool: \_\_\_\_\_

HighSchool: \_\_\_\_\_

College/University: \_\_\_\_\_

Technical/Vocational: \_\_\_\_\_

Describe any other special training you have which you feel is pertinent. Give dates, locations, and name of the organization or agency sponsoring the training. *(use additional paper if needed)* \_\_\_\_\_

List any professional licenses or certificates you hold, or professional organizations to which you belong. \_\_\_\_\_

**Employment & Experience:** Show all positions held within the last 10 years beginning with present or last employer.

M/Yr to M/Yr	Position	Full or Part Time	Employer	Location	Reason for Leaving
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(use additional paper if needed)

May your present employer be contacted? [ ] Yes [ ] No Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

If you show no work history for the past two years, explain where you were and what you were doing for those two years.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever lived outside of Alaska?	City	State	From (year)	To (year)
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Please list other names (aliases) you have gone by \_\_\_\_\_

\_\_\_\_\_

## Background Self Reporting Statement Form

### Licensing History

Have you ever been licensed or registered to care for adults or children by any state, federal government or agency? [  ] Yes [  ] No  
If Yes, what kind of license did you have (child care home or center, child or adult, foster care, etc.)? \_\_\_\_\_

When were you licensed? \_\_\_\_\_ At what location? \_\_\_\_\_

Have you ever been denied a license or registration to care for children or adults or had such a license revoked? [  ] Yes [  ] No

If Yes, when, where, why, and for what type of child or adult care? \_\_\_\_\_

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### Child Abuse or Neglect

Have you ever had a child for whom you were legally responsible (natural child, foster child, or adopted child) removed from your custody by a child welfare agency after a protective service investigation of possible abuse and/or neglect? [  ] Yes [  ] No

If Yes, what was the child's name? \_\_\_\_\_

When, where, and why did this occur? \_\_\_\_\_

Has a child for whom you were legally responsible (natural child, foster child, or adopted child) ever received ongoing protective services in your home from the State of Alaska or a child welfare agency in any state after a protective service investigation of possible abuse and/or neglect? [  ] Yes [  ] No

If Yes, what was the child's name? \_\_\_\_\_

When and where did this occur? \_\_\_\_\_

### Health

During the past ten years, have you had any handicapping or chronic conditions, or serious physical, mental, or emotional illnesses? [  ] Yes [  ] No

If Yes, please explain. Include a description of any vision or hearing problems and any limitations on mobility. Include treatment and current status. If currently taking medication, give the name of the medication.

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During the past ten years, have you had any history of alcohol or drug abuse? [  ] Yes [  ] No

If Yes, please describe. Include treatment and current status. \_\_\_\_\_

What is your present health condition? [  ] Excellent [  ] Good [  ] Fair [  ] Poor

### Criminal Charges or Convictions

Have you been convicted of a crime of moral turpitude within the last 10 years? [  ] Yes [  ] No

If Yes, give details, including date, place, and nature of conviction and disposition. \_\_\_\_\_

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Are you currently charged with a felony or misdemeanor?

This includes indictments or official complaints accepted by a district attorney. [  ] Yes [  ] No

If Yes, give details, including the type of charges. \_\_\_\_\_

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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: \_\_\_\_\_

### Physically and Mentally Fit

I, \_\_\_\_\_, declare that I am physically and mentally fit to perform the required job duties, responsibilities, and tasks outlined in the staff manual. This includes moving and/or lifting of heavy equipment and young children. I am also free of disease and any physical limitation that would interfere with the performance of my duties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### Heavy Lifting Release

I, \_\_\_\_\_, declare that I have not in the past had an accident that restricts my ability to lift a heavy load with my own strength, such as a child, nor do I presently have a physical condition that restricts my ability to lift a heavy load of 60 pounds or less. Further, I understand that if a load of over 60 pounds is to be lifted, I will get assistance and not attempt to lift the load by myself. I hereby release the Anchorage Gymnastics Association from any liability in connection with me lifting a load or child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### Employee's Consent for a Criminal Record Check

Re: Anchorage Municipal Code 16.55

I, \_\_\_\_\_, understand that Anchorage Municipal Code 16.55 prohibits child care and educational centers from employing any person who has been convicted of a crime involving moral turpitude or involving violence or bodily harm to other human beings. I have applied for employment and/or am currently employed by a child care center and hereby freely and voluntarily give my consent to the Anchorage Gymnastics Association to examine my state, federal, and local criminal record, if any, for the purpose of determining my eligibility for such employment in relation to the above code. My consent in this matter does not authorize the Anchorage Gymnastics Association to disclose the nature of my criminal record, if any, to any person for any purpose other than enforcement of Anchorage Municipal Code 16.55.

Signature: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

### **ACKNOWLEDGEMENT OF RECEPTION, RECOGNITION, REALIZATION, AND IMMACULATE UNDERSTANDING OF THE CURRENT POLICIES, REQUIREMENTS, AND EXPECTATIONS OF EMPLOYMENT AT THE ANCHORAGE GYMNASTICS ASSOCIATION AS REQUIRED BY THE MUNICIPALITY OF ANCHORAGE, DEPARTMENT OF HEALTH AND HUMAN SERVICES**

I have received and read the Anchorage Gymnastics Association Policies, Requirements, and Expectations of Employment:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Self Prepared Health History

Name of Staff: \_\_\_\_\_ Position in Center: \_\_\_\_\_  
(type or print)

Please provide a brief description of your role and responsibilities:

1. Do you have any health conditions or symptoms (physical, health, mental health, or behavioral problem) that will restrict you from fully performing this job? (“Health conditions” include such concerns as allergies or communicable diseases; “symptoms” include such concerns as dizziness, fainting, seizures, back trouble, disorders of eyes, ears, nose or throat.)  
 Yes  No

2. If so, what is the condition(s)?

3. How does this condition(s) impact your ability to perform this job?

4. Are you or have you been in the last year under treatment for any health, drug, alcohol or mental health problems?  
 Yes  No

5. What treatment are you receiving and how does this impact your ability to perform this job?

I understand that health conditions, symptoms or treatments do not necessarily prevent me from working with children. I understand that further evaluations may be required, as defined in AMC 16.55.250, if necessary to determine whether I can perform the job.  Yes  No

My signature indicates that the above information is understood, true and gives an accurate picture of my health as it relates to this job in a child care center.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Employee Reference Form**

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_ In what capacity? \_\_\_\_\_  
*(friend, co-worker, babysitter, employer, etc. NOT a relative)*

- Does the applicant show any serious health, alcohol or drug problems?  Yes  No If yes, please explain.  
\_\_\_\_\_
- Child Care Regulation AMC 16.55.250J requires that references attest to the applicant's ability to work successfully with children. Can you do that?  Yes  No If no, please explain.  
\_\_\_\_\_

If you have *never* observed the applicant with children, do you believe he/she has the ability to work successfully with children?  
 Yes  No If no, please explain.  
\_\_\_\_\_

- Does the applicant show warmth, love and acceptance to children?  Yes  No
- Does the applicant give firm but fair discipline to children?  Yes  No
- What qualities and skills do you believe will enable the applicant to work successfully (or unsuccessfully) with children?  
\_\_\_\_\_
- If a child in whom you are interested needed day care, how would you feel about the applicant taking care of him/her?  
 very enthusiastic  somewhat enthusiastic  worried  wouldn't want the child to stay there
- To your knowledge, has this person ever abused or neglected a child or been charged with or convicted of a prohibitive crime?  
 Yes  No If yes, please explain.  
\_\_\_\_\_

8. Please rate the following: (use the area at bottom "further comments" to elaborate if needed)

	Excellent	Good	Fair	Poor	Very Poor		Excellent	Good	Fair	Poor	Very Poor
Staff relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instructional techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Professional appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to accept instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. As a former employee, what was the applicant's position? \_\_\_\_\_ Salary? \_\_\_\_\_  
Reason for leaving employment \_\_\_\_\_

10. Further comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person giving reference \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of contact \_\_\_\_\_ Phone contact made by (if applicable) \_\_\_\_\_