EMPLOYMENT APPLICATION

Anchor Lutheran School
Lutheran School Association of Anchorage, Inc.
8100 Arctic Blvd.
Anchorage, Alaska 99518

Full Name _____ Date _____

Address _____ Phone _____

Email _____ Date of Birth _____
optional

Social Security Number _____ Age 18 or older? **Yes** ■ **No** ☐

Applying for What Position? Select _____

EDUCATION

High School Name: _____ Location _____

Did you graduate or receive G.E.D.? **Yes** ☐ **No** ☐ If no, last year completed: Select

Colleges Attended				
School	**Location**	**Dates Attended**	**Degrees Earned**	**Major**

If pursuing Graduate degree, total graduate credits earned: _____

Describe any other special training you have acquired which you believe is pertinent to this position. Give dates, locations, and the name of the organization or agency sponsoring the training.

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

LICENSING HISTORY

Have you ever been licensed or registered to care for adults or children by any state, the federal government, or an agency? **Yes** ☐ **No** ☐

If **yes**, what kind of license did you have (day 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 adults or children or had such a license revoked? **Yes** ☐ **No** ☐

If **Yes**, when, where, why, and for what type of adult or child care was the application denied or license revoked?

CHILD ABUSE/NEGLECT

Have you ever had a child for whom you were legally responsible (birth child, foster child, or adopted child) removed from your custody by a child welfare agency in any state, after a protective services investigation of possible abuse and/or neglect? **Yes** ☐ **No** ☐

If **yes**, what was the child's name? _____
Where, why, and when did this occur?

Has a child for whom you were legally responsible (birth 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 another state, after a protective services investigation of possible abuse and/or neglect of the child? **Yes** ☐ **No** ☐

If **yes**, what was the child's name? _____
Where, why, and when did this occur?

CRIMINAL CHARGES OR CONVICTIONS

Have you been convicted within the past ten years of a crime of violence, sexual abuse, or moral turpitude? **Yes** ☐ **No** ☐

If **yes**, give details, including date, place, and nature of conviction and disposition.

Are you currently charged with (indictment or official criminal complaint accepted by a district attorney) a felony or a misdemeanor? **Yes** ☐ **No** ☐

If **yes**, give details, including the type of charges.

HEALTH

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

If **yes**, please describe. Include a description of any vision or hearing problem, any limitations on mobility, and any history of alcohol or drug abuse. Include any treatment and current status. If currently taking medication, give the name of the medication.

What is your present health condition? Select

GENERAL INFORMATION

What are your hobbies and interests?

Do you have a current driver's license? **Yes** ☐ **No** ☐ Alaska DL#_____

Why are you interested in a position at Anchor Lutheran School?

CHURCH

As a Christian school ministry program, we seek employees who share our love for the Lord and demonstrate it by how they choose to live their lives.
In what Christian congregation do you claim membership: _____

How would you describe your church involvement: Select

Please give details/explanation supporting that answer.

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 Lutheran School Association of Anchorage, Inc. to contact the persons listed as references, and I understand that the school may contact others and, at any time, seek verification of any and all information contained herein.

Signature _____ Date _____

Emergency Contact Information

If you are employed by the school, who should be contacted in the event of an illness or other emergency while you are working?

Name _____ Phone _____

EMPLOYMENT AND EXPERIENCE

Show all positions held within the last ten years, beginning with present or most recent employer.

Dates Employed		Position	Full or Part Time	Employer	Address
From	To				

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

Describe the duties of each position held in the area of child care services, supervision of child care personnel and programs, management or administration.

Describe any other experiences or skills you have had which you feel are pertinent. Include volunteer work in this description. Give details, location, supervisor, etc.

REFERENCES

May we contact your present employer? **Yes** ☐ **No** ☐

Give three (3) persons, **not relatives**, who have knowledge of your character and experience and who can attest to the qualities which will enable you to work with children successfully.

Name	Address	Phone