

Mat-Su Health Services, Inc.
1363 West Spruce Avenue
Wasilla, Alaska 99654

(Please Print)

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, disability, religion, national origin, or any other protected classification.

FULLY COMPLETE AND SIGN THE APPLICATION FORM. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. PROPERLY COMPLETED APPLICATIONS ARE RETAINED FOR ONE YEAR FROM THE DATE THEY ARE RECEIVED.

DATE: _____ **SOCIAL SECURITY NO.:** _____

NAME: _____
(Last) (First) (Middle Initial)

MAILING ADDRESS: _____
(PO Box) (House No.) (Street) (City) (State) (Zip)

TELEPHONE NUMBER: _____ How long have you lived at this address? _____

PREVIOUS ADDRESS: _____ How long did you live there? _____
(No.) (Street) (City) (State) (Zip)

Position Applied For: _____ Rate of Pay Expected \$ _____ per _____

Have you been told the essential functions of the job or have you been shown a copy of the job description? Yes ___ No ___

Can you perform these essential functions with or without reasonable accommodation? Yes ___ No ___

Do you want to work: full-time _____ part-time _____ relief/on-call _____ temporary _____

How did you learn of this opening(referred by)? _____

Have you worked for us before? _____ If "yes," when? _____

List any friends or relatives working for us: _____

If hired, on what date will you be available to start work? _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? No _____ Yes _____
(If "yes," describe in full) _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

NAME _____ **PHONE NUMBER** _____

ADDRESS _____

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	HOW MANY YEARS ATTENDED	DEGREE	COURSE OR MAJOR
Grammar or Grade				
High School				
College				
Post Graduate				
Business or Trade				
Other				

In addition to your work experiences, what other experiences, skills, or qualifications would especially fit you for work with our company?

PERSONAL REFERENCES (excluding former employers or relatives)

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

PRIOR WORK HISTORY (List in order, last or present employer first)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & PHONE NUMBER	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did:

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & PHONE NUMBER	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did:

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & PHONE NUMBER	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did:

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & PHONE NUMBER	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did:

May we contact the employers listed above? Yes _____ No _____ If not, indicate below which one(s) you do not wish us to

contact: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application will be considered sufficient cause for dismissal.

I authorize Mat-Su Health Services, Inc. to make any investigation of my personal, educational, vocational, *credit, or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government agency to provide Mat-Su Health Services, Inc. with information they have regarding me. I hereby release and discharge Mat-Su Health Services, Inc. and those who provide information from any and all liability as a result of furnishing this information.

I understand that employment with Mat-Su Health Services, Inc. is "at will", which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or representative of the Company has authority to alter the foregoing.

(Signature of Applicant)

(Date Signed)

* NOTE: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained.