



EMPLOYMENT APPLICATION

Kodiak Women's Resource and Crisis Center
422 Hillside Drive | PO Box 2122
Kodiak, Alaska 99615
907-486-6171 | 907-486-4264 (fax) | contact@kwrcc.org

Kodiak Women's Resource and Crisis Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: ADVOCATE OR: _____

How did you hear about this position? _____
What days are you available for work? _____
What hours or shift are you available for work? _____
If needed, are you available to work overtime? _____
On what date can you start working if you are hired? _____
Do you have reliable transportation to and from work? _____

Personal Information

Have you ever applied to or worked for Kodiak Women's Resource and Crisis Center before? Yes No
If yes, when? _____
Do you have any friends, relatives, or acquaintances working for Kodiak Women's Resource and Crisis Center? Yes No
If yes, state name & relationship: _____
Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

*** Applicant is required to provide a criminal history report from Alaska State Troopers at applicant's expense upon hiring.**

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Kodiak Women's Resource and Crisis Center complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____
What branch of the military did you enlist? _____
What was your military rank upon discharged? _____
How many years did you serve in the military? _____
What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

Employer Name: _____
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, State and Zip Code: _____
Employer Telephone: _____
Dates Employed: _____
Reason for leaving: _____

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

Do you have a valid Alaska driver's license?

Professional Licenses, Certifications, or Registrations

Additional skills including supervision skills, other languages or information regarding the career/occupation you wish to bring to our attention.

AT-WILL EMPLOYMENT

The relationship between you and the Kodiak Women's Resource and Crisis Center is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Kodiak Women's Resource and Crisis Center. No representative of Kodiak Women's Resource and Crisis Center has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and our Executive Director.

Applicant Signature: _____

Dated: _____