P O Box 189 Galena, AK 99741

Phone: (907) 656-2574 Fax: (907) 656-2573

email: asweetsir.ykealf@gmail.com

Yukon Koyukuk Elder Assisted Living Facility

August 21, 2018

RE: YKEALF EMPLOYMENT APPLICATION AND PROCEDURE

Thank you for considering YKEALF for your employment needs. I think we are a very rewarding place to work. It's a place where we "Honor our Elders by providing safe and loving care in a clean and culturally sensitive home."

Please be neat and thorough when completing your application, which consists of an employment application, a ROI, and Background Check Information. Be sure to:

- list at least 3 and preferably 5 references of individuals unrelated to you; 2 of them must be
 people who you have or had a professional relationship with, i.e. a teacher, employer or
 colleague; and
- list all your previous employment, including volunteer work and especially if you volunteered to help an elder, even your grandparents/parents.

You will be required to provide documentation that you are free of Tuberculosis. You can submit that documentation with your application if you prefer. However, we can wait until you are offered a position.

One of the first things we need to do is get a clearance from the State on your background history. You will need to provide two sets of finger prints (just incase one is too light or smudged). I will use that to run your clearance. Once I get a clearance and authorization to hire from the State, I will contact your references, maybe previous employers unless you indicate not, and then set up an interview with you.

Again, thank you for considering YKEALF for your employment needs.

Sincerely

Agnes Sweetsir ALH Administrator

"Honoring our elders by providing safe and compassionate care and support in a culturally sensitive home.

YUKON KOYUKUK ELDER ASSISTED LIVING FACILITY

Employment Application

APPLICANT	INFORMATI	ON						MACO MACO STORY TO STORY THE STORY	
Last Name				First			M.I.	Date	
Physical Address					Box			and the same state of the same	
City				State			ZIP		and the second s
Phone				E-mail	E-mail Address				
Date Available Social Se				curity No.			DOB		
Position Applie	ed for							معتشفة فالمشارع والمعاري المقارة والمسارعين المقاودة	
Are you a citiz	en of the United	States?	YES 🗌	NO 🗌	If no, are you authorized to work in the			U.S.? YES	NO 🖂
Have you ever	worked for this	company?	YES 🗌	NO 🗆	If so, when?				
Have you ever	been convicted	of a crime?	YES [NO □	If yes, explain				
Do you have any special licenses or certifications?				Other:	Other:			angagalahan sama ang ang ang ang ang ang ang ang ang an	
EDUCATION	N								
High School				Address				Grant and the Control of the Control	
From	То	Did you	graduate?	YES 🗌	NO []				
College				Address				na gada katapatan ngang kalatana iyo nga dinana sa na naisining libin	
From	То	Did you	graduate?	YES 🗌	NO 🗆 D	egree			
Other				Address					
From	To Did you graduate?			YES NO Degree					
REFERENC	FS PLFASF	LIST 2 FMPLO	OYER AND 3	CHARACTE	R REFERENCE	<i>UNRELAT</i>	TED TO YOU		
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Full Name					Relat nship				
Company Address				respondente de la companya del companya del companya de la company	Phon	e ()		
Full Name					Relat nship				
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Company				Phone (
Address			Supervisor			
Job Title	is the second product come for each second control or experience of control or experience or experience of control or experience		\$	Ending Salary \$		
Responsibilities						
From	To Reason for Leaving					
May we contac	t your previous	supervisor for a reference?	YES []	NO 🗆		
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Address		ik	Supervisor			
Job Title	the contraction of the contracti			\$	Ending Salary \$	
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Address				Supervisor		
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From	To	Reason for Leaving	9			
May we contac	ct your previous	supervisor for a reference	? YES □	NO 🗆		
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MILITARY S	SERVICE					
Branch	ench :				From To.	
Rank at Discharge				Type of Discharge		
If other than h	nonorable, expla				The agreement and a second commence of the second s	
DISCLAIM	ER AND SIGN	IATURE				
I certify that n	my answers are	true and complete to the b	est of my knowle	edge.		
If this applicat may result in		ployment, I understand the	at false or mislead	ding information	n in my application or interview	
Signature				Sundan est est de la companya de la	Date	
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Background Check Information

Full Name:		SSAN
Drivers License	State I	Issued
DOBPlace of Birth_		Gender
HeightWtEye	ColorH	air Color
Other or previous names & ex Current PHYSICAL Address &	planation	
Current Mailing address		
Other addresses you resided a		S:
Address, City & State	Date moved to	Date moved out
Phone numbers: (Home, Work	z, Cell, Message)	
Email address		
Signature and Date:		