Cornerstone Home Care
8800 Glacier Hwy., Suite 111
Juneau, AK 99801
(907) 586-6838

Position Applying for: Independent Living Services Supervisor

Please submit only complete applications to be considered for hire. Complete applications include:

-Fully filled out application with signature and date on page 2.
-3 completed Work Reference forms.
-Complete availability form.

After hire, we will require the following credentials within 10 days of hire:

-Current auto insurance
-Current ID or Drivers License
-Negative TB Test results (test within the last year will be accepted.)

Contact us with any questions regarding this application.
907-586-6838 or 1-877-956-2273 outside of Juneau

CORNERSTONE HOME CARE
8800 Glacier Hwy Suite 111 Juneau, AK 99801
907-586-6838 or 1-877-956-2273

POSITION APPLYING FOR: _____

YOUR NAME: _____
Last First Middle

ADDRESS: _____

_____

TELEPHONE: _____

_____

EMAIL: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? ☐Yes ☐No (If yes, verification will be required.)

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT ACCOMMODATIONS?
☐ Yes ☐ No

HAVE YOU EVER BEEN "**CHARGED** or **CONVICTED**" OF A **MISDEMEANOR** OR **FELONY**? ☐Yes ☐No
HAVE YO EVER BEEN **CONVICTED** of ANY CRIME RELATED TO **SEXUAL MISCONDUCT** or **CHILD ABUSE**? ☐Yes ☐ No

If yes, please elaborate: _____

Education	Yrs. Completed	Field of Study	Graduate or Degree
High School			
College/University			
Business/Technical			
Other (May include grammar school)			

MILITARY SERVICE: ☐Yes ☐No

Duty/Specialized Training: _____

In case of accident or illness please contact: Name: _____ Daytime phone: _____

Address: _____ Relationship: _____

EMPLOYMENT: List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills	Dates Employed
		From / To
	Supervisor's Name: Telephone:	Reason for leaving

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Summarize other employment related to this job: _____

Proficient with computers or other office Equipment? ☐Yes ☐No
SPECIFY: Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair:

_____

Professional Licenses, Certifications or Registrations: _____

Do you have a CPR / First Aid Certificate ☐ Yes ☐No

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: _____

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.
If necessary for and during employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

Employment at Cornerstone Home Care is on an "at-will" basis and is for no definite period and may regardless of the date or method of payment of wages or salary, be terminated at any time with or without cause. Other than the Board of Directors of Cornerstone Home Care, no supervisor, manager or other person, irrespective of title or position, has authority to alter the at-will status of your employment or to enter into any employment contract for a definite period of time with you. Any agreement with you altering your at-will employment status must be in writing and signed by the Board of Directors.

I understand and agree to the information shown above:

Signature: _____ Date: _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Employer Section:

CORNERSTONE HOME CARE

8800 Glacier Hwy., Suite 111 Juneau, AK 99801 Phone: (907) 586-6838 Fax: (907) 586-8114

New Employee Reference Form
(3 work references required)
TOP PORTION TO BE FILLED OUT BY APPLICANT

Applicant Name: _____

Position Applied for: _____

Work Reference Name: _____
(Reference cannot be a relative or current staff of Cornerstone Home Care.)

How do you know this person?_____

Phone Number: _____ Best days/time to contact you if needed: _____

We would appreciate a short evaluation of this applicant based on your work experience with him/her.

REFERENCE-PLEASE FILL OUT THE FOLLOWING:

How long have you worked with or known the applicant? _____
(Must be at least 3 years)

	Excellent	Good	Satisfactory	Poor	Unacceptable
Dependability/ Meets deadlines					
Works cooperatively with others					
Appearance					
Follows instructions					
Problem- solving ability					
Sets priorities appropriately					
Learns new skills					
Punctuality					
Treats coworkers/clients					
Communicates effectively in Speech					
Communicates effectively in Writing					

Would you re- hire this person? Yes_____ No_____

If no, why not?_____

Thank you for your time and consideration, we may call you to verify the information that you have provided. Please feel free to call us with any questions as well.

Reference Signature_____ **Date**_____

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Reference Signature_____ **Date**_____

Department of
Health and Social Services

DIVISION OF HEALTH CARE SERVICES
Background Check Program

4601Business Park Blvd., Bldg K
Anchorage, Alaska 99503-7167
Main: 907.334.4475
Fax: 907.269.3488

Alaska Background Check Application

**Asterisks mark required fields. Applications will not be processed without complete information.*

Personal Information

Full Legal Name: _____ / / _____
**Last* **First* *M.I.* Date of Birth (mm/dd/yyyy)

Permanent/ Physical Address: _____
**Physical Street Address* **Apartment/Unit #*

_____
**City* **State* **ZIP Code*

Mailing Address (if different than Permanent/ Physical Address): _____
**Mailing Address* **Apartment/Unit #*

_____
**City* **State* **ZIP Code*

Primary Phone: (____) _____ Secondary Phone: (____) _____

*Applicant's Email Address: _____

*SSN (or ITN) : _____
☐ This is an ITN

Demographic Information

*Race: (Asian, Black, White Native American, or Unknown) _____

*Gender: (Male, Female, Unknown, Other) _____

*Eye Color: (Black, Blue, Brown, Hazel, Green, Grey, Unknown) _____

*Hair Color: (Black Blonde, Brown, Grey, Sandy or Light Brown, Red, White, Unknown) _____

*Height: _____ **FT** _____ **IN**

*Weight: _____ **Lbs.**

*Place of Birth (Country/State): _____

US Citizen(Y/N): _____

Alias

Aliases/Prior Names (includes all names by which a person is currently known as, or has previously gone by, including nick names): Please attach additional pages as necessary

First Name: _____ Middle Name: _____

Last Name: _____ SSN/ITN: This is an ITN☐ _____

Date of Birth: (mm/dd/yyyy) _____

First Name: _____ Middle Name: _____

Last Name: _____ SSN/ITN: This is an ITN☐ _____

Date of Birth: (mm/dd/yyyy) _____

Background Check Application for: First Name: _____ Last Name: _____ DOB: _____

Prior Address History

Prior Addresses in the last 10 years: Please list the state(s) in which you have lived outside of Alaska for the last 10 years. This includes those states in which you have lived for schooling or training even if you remained an Alaska resident during that time. If you have lived in Alaska for the entirety of the last 10 years, you do not need to complete this section. Please attach additional pages as needed.

State: _____ Year(s) From: _____ **to** _____

State: _____ Year(s) From: _____ **to** _____

State: _____ Year(s) From: _____ **to** _____

Pre-Employment Information

Pre-Employment Information: Only complete this information if you are applying directly with a licensed and/or certified entity. The entity should provide you this information. If the entity does not provide this information to you, leave this section blank.

Provider Name: Cornerstone Home Care

State Program under which the individual will work, such as Assisted Living, PCA, Hospital, Hospice, etc.: PCA

Position Title: Personal Care Worker

Position Type: Employee
(Employee/Independent Contractor/Volunteer/Other)

Instructions

1. You should only submit this form to the Background Check Program (BCP) if you have not already applied on-line or through a licensed and/or certified entity. You may apply on line at: https://nabcs.dhss.ak.local/bcpapplicant. Hard copy applications will only be processed in the order in which they are received and will not be processed until a full and complete application is received, including all applicable fees and fingerprint cards.
2. Hard copy applications submitted to the BCP will not be connected to any other application or to any specific provider type within the system and require fingerprint cards and all applicable fees. **Please note fees are non-refundable.**
3. Hard copy applications submitted to the BCP must be complete within 30 days from the date the application was received. All fees and fingerprint cards must be **received by** the BCP within the 30 day timeframe. Applications found incomplete after 30 days are automatically closed. If you still require a background check, you will be required to submit a new application including all fees and fingerprints.
4. Payments may be made by check, credit card or money order. Cash payments may only be made in person at 4601 Business Park Blvd., Bldg. K, Anchorage, AK 99503. All payments must be for the exact amount. If you wish to pay by credit card, you must contact the Background Check Program at (907) 334-4475 to make a payment over the phone. Fees for fingerprint based background checks are $73.25 and are **not refundable.**
5. Please ensure you provide a valid email address. The email address will be used to communicate with you regarding your application status, including information regarding determinations or needed information.
6. If an eligible determination is made, you must associate with a licensed and/or certified entity within 100 days of the determination. Unassociated applications will be closed after 100 days without further notice and will immediately render a background check invalid. If you continue to need a valid criminal history check, you will be required to submit a new application including all fees and fingerprints.
7. A complete application includes this application form, non-refundable payment in the amount of $72 , and one set of fingerprints. Complete applications should be mailed to: State of Alaska, Background Check Program, 4601 Business Park Blvd., Bldg. K, Anchorage, AK 99503.

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I, _____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

_____ _____
Applicant Signature Date

Department of Health & Social Services
Background Check Program

RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

This form must be signed by the applicant for a background check and must be maintained in the individual's personnel file. If requested by the department, the form must be provided within 24 hours.

I,_____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I,_____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

I,_____, understand that upon submission of my fingerprints will be used to check the criminal history records of Alaska and of the Federal Bureau of Investigations (FBI).

I,_____, understand that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

_____	_____
Printed Name of Applicant (must be legible)	Date
_____	_____
Signature of Applicant	Applicant's SSN
_____	_____
Parent Printed Name, if applicable (must be legible)	Parent Signature.

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Payroll Deduction Agreement

I, _____ (employee name) authorize my employer,

Cornerstone Home Care to deduct $73.25 from my paycheck to reimburse the agency

for the cost of my fingerprint background check required by the State.

This deduction will occur over:

CHECK ONLY ONE

☐ The next pay period for the total amount of $73.25.

Or

☐ The next two pay periods in the amount of $36.63 and $36.62 per pay period.

I understand that if my employment ends before the total amount is paid in full, the remaining amount will be taken out of my last paycheck.

_____ _____

Employee Signature Date

For Office Use Only:

Information sent to Payroll ☐

Initials: