

VOLUNTEER APPLICATION

Kodiak Area Native Association



"To Elevate The Quality Of Life Of The People We Serve"

3449 Rezanof Drive East Kodiak, AK 99615 Ph. (907)486-9800 Fax (907) 486-9896 hr@kodiakhealthcare.org

POSITION INFORMATION

Date of Application:

When can you start? Immediately Two Weeks Other:

PERSONAL INFORMATION

Last Name: _____ First Name _____ Middle Name: _____

Cell phone: _____ Telephone: _____ Msg Phone: _____

Address: _____ City/State: _____ Zip: _____

E-mail: _____ Other Names Used (*alias/maiden, etc*): _____

QUESTIONNAIRE

- Have you previously worked for KANA? Yes No
If "Yes," indicate dates, name used, department, and position: _____
- Are you currently employed with KANA? Yes No
If "Yes," indicate department and position: _____
- Do you have any relatives or household members employed with KANA? Yes No
If "Yes" indicate name(s), department and position: _____
- Are you authorized to work in the United States on an unrestricted basis? Yes No
If you are hired, you must provide authorization to work in the U.S.
- Are you at least 18 years of age? Yes No
- Hours Available: _____
- Availability (check all that apply): Mornings Afternoons Other
- Are you willing to volunteer in the City of Kodiak and the surrounding area? Yes No
- Are you willing to travel and volunteer in our village communities? Yes No
- Can you perform the services as outlined and follow volunteer guidelines and expectations, with or without reasonable accommodation? Yes No
- Do you have a current, valid driver license? Yes No
*If yes, have you held a valid driver license for at least the past 3 years? Yes No
If no, are you able to obtain a license within th next 30 days? Yes No

HOW DID YOU HEAR ABOUT THIS OPPORTUNITY?

KANA Website Alexsys Website Craigslist Indeed Other Website: _____

Kodiak Daily Newspaper ADN KANA Employee: _____ Other: _____

COMPLETE THIS APPLICATION THOROUGHLY; REMEMBER TO INITIAL AND SIGN BEFORE SUBMISSION

EDUCATION					
School	Name and Location of School	Major/Minor Course of Study	Years Completed	Did you complete the program?	Degree, Diploma or Certificate?
Graduate					
College/University					
Vocation/Trade/Technical					
High School					
Other:					

KNOWLEDGE, SKILLS, ABILITIES

Please describe additional skills, knowledge and abilities or any other information that you believe is relevant for employment with KANA (e.g. computer knowledge, software, hardware, processes, typing speed, languages)

COMPUTER AND SOFTWARE KNOWLEDGE

Please rate skill level with each listed below:		Do you type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Words Per Minute	
<i>(Windows based programs)</i>		Beginning	Intermediate	Advanced	N/A	
Overall Computer Knowledge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Word Processing Programs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spreadsheet Programs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Database Programs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CERNER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Health Record	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list software: _____				
Computerized Accounting	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list software: _____				

LICENSES, REGISTRATIONS, CERTIFICATIONS

DO NOT INCLUDE DRIVER LICENSE

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	NUMBER	Check if you have current:
					<input type="checkbox"/> CPR
					<input type="checkbox"/> First Aid
					<input type="checkbox"/> BLS
					<input type="checkbox"/> PALS

COMPLETE EMPLOYMENT APPLICATION THOROUGHLY; REMEMBER TO INITIAL AND SIGN BEFORE SUBMISSION

To move in-between the fill-able sections press tab. To check a box use the X key, or press the space bar

EMPLOYMENT HISTORY

Start with your most recent employer. Answer all questions. Not acceptable to write "see resume." Attach additional pages if necessary.

Company Name:		Job Title:		Date From: mm/dd/yy	Date To: mm/dd/yy
Address:		Supervisor:		Wage Start:	Wage End:
City/State/Zip:		Telephone:		\$	\$

Reason for Leaving:	Voluntary Separation <input type="checkbox"/>	Involuntary Separation <input type="checkbox"/>
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Describe your Job Duties (**be specific**):

May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Line:
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If no, explain:	If no, explain:
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If no, explain:	If no, explain:
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REFERENCES

You must include with your application a list of at least two **professional** references that we may contact.

	1	2	3
NAME			
TITLE			
COMPANY NAME			
MAILING ADDRESS			
CITY/STATE/ZIP			
PHONE NUMBER			
EMAIL ADDRESS			
IS/WAS THIS PERSON YOUR SUPERVISOR/INSTRUCTOR?			
ARE THEY YOUR CURRENT SUPERVISOR?			

BACKGROUND INFORMATION

1. Have you ever been convicted of a felony? Yes No

If yes, please explain:

2. Have you ever been convicted of a misdemeanor? Yes No

If yes, please explain:

3. Are you now under pending investigation or charges of violation of law? Yes No

If yes, please explain:

Please do not type initials

4. *Initials* _____ The Kodiak Area Native Association (KANA) requires a background check to be conducted. The information provided on this application will be used to perform a criminal background check and a character evaluation. Volunteers have the right to obtain a summary of the criminal history report made available to KANA and to challenge the accuracy and completeness of the information in the report. An FBI check, including fingerprints will be required.

5. *Initials* _____ KANA is a Drug Free Workplace requiring pre-employment, reasonable suspicion and random drug and alcohol screening.

6. Have you ever been excluded, suspended or debarred from, or otherwise sanctioned by the Medicare or Medicaid program or any other federally funded health care program? Yes No

If yes, please explain:

7. List any health care or health care related business in which you or a member of your family or household has a direct or indirect ownership or controlling interest of 5% or more. Include any Medicare or Medicaid provider number for each.

8. Have any of the entities which you listed in response to question #6 above been excluded, suspended, or debarred from or otherwise sanctioned by Medicare, Medicaid or any other federally funded health care programs? Yes No

If yes, please explain: _____

APPLICANT'S CERTIFICATION

APPLICANTS, PLEASE READ THE FOLLOWING:

I certify, understand and agree upon that the facts described in this application for Employment are true. I understand that false statements, omissions or misrepresentations will be sufficient cause for cancellation of the application and/or immediate dismissal from KANA.

I hereby authorize KANA to investigate my past and present work, character, and education records to ascertain any and all information, which may be pertinent to my employment qualifications. I release from all liability or responsibility all persons and corporations requesting or supplying such information.

KANA is an Equal Opportunity Employer exercising Alaska Native/American Indian preference in hiring as authorized by P.L. 93-638. KANA does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I agree, to abide by all KANA policies and procedures.

SIGNATURE:		DATE:	
Printed Name:			
Position Applying For:			

ALASKA NATIVE/AMERICAN INDIAN PREFERENCE

It is the policy of the Kodiak Area Native Association to give preference in employment to qualified Alaska Native/Native Americans regardless of age, religion, sex, marital status, physical handicap or status as a disabled veteran or veteran of the Vietnam Era. (As authorized by Section 7(b) (1) of P.L. 93-638)

It is further the Association's policy to recruit, hire, train, and promote all personnel without regard to race, color, religion, national origin, sex or age, Vietnam Era veteran or disabled veteran or individual with handicap status.

If you are Alaska Native/Native American from a United States federally recognized tribe, or descendent thereof, you may be eligible to claim Alaska Native/Native American preference. Documentation of BIA certification or tribal enrollment will be required to determine eligibility.

Your voluntary cooperation in completing the following information will be appreciated.

Printed Name:			
Position Applying For:			
Do you wish to claim Alaska Native/American Indian preference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, is documentation attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If documentation is not attached it must be provided prior to employment. If you require assistance obtaining your enrollment documentation, please contact the Human Resources Department.			

SIGNATURE:		DATE:	
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