



113 Metlakatla St  
Sitka, AK 99835

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sitkacounseling.org

## APPLICATION FOR EMPLOYMENT

Thank you for considering Sitka Counseling in your job search. Sitka Counseling is an equal employment opportunity/affirmative action employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, or marital or veteran status. No application will be rejected as a result of a disability that, with reasonable accommodations, does not prevent performance of the essential job duties. Applications can be emailed to [info@scpsak.org](mailto:info@scpsak.org) or mailed to or dropped off at Sitka Counseling, Inc., 113 Metlakatla Street, Sitka, Alaska 99835.

### CONFIDENTIAL

Please complete all questions by printing in ink or typing. Sign your name on the last page.

#### PERSONAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) Department: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date Available for Work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you 18 years or older?  Yes  No

Are you 21 years or older?  Yes  No

Do you have the legal right to work in the United States?  Yes  No

(Successful applicants will be required to show identity and eligibility for employment.)

Can you travel if the job requires it?  Yes  No

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you available to work:

Full Time (Please indicate shift: \_\_\_\_ morning \_\_\_\_ afternoon \_\_\_\_ evening/night)

Part Time (Please indicate shift: \_\_\_\_ morning \_\_\_\_ afternoon \_\_\_\_ evening/night)

Temporary (Please indicate shift: \_\_\_\_ morning \_\_\_\_ afternoon \_\_\_\_ evening/night)

**GENERAL INFORMATION**

Do you have experience in this field or a related one? Yes No Years Experience: \_\_\_\_\_  
If yes, explain (including length, position and field)

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Have you ever been employed by this agency?  Yes  No  
If yes, explain (including when and in what position)

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Have you ever been employed or attended school using another name?  Yes  No  
If yes, please list:

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As an adult (over 18 years of age) have you ever been convicted of a misdemeanor or a felony? If yes, please explain.  Yes  No  
*(Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you are applying will be considered.)*

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Are you able to perform the primary duties of the job as outlined in the newspaper advertisement, announcement, posting, description, etc.?  Yes  No

List friends, partners, or relatives employed by Sitka Counseling or who serve on the Sitka Counseling Board of Directors, and their relationship to you. Also, please note any staff who have referred you for employment.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REFERENCES**

List three references, not relatives, who have knowledge of your character, ability and experience.

Name	Phone Number	E-mail (if applicable)	Best Time to Contact	Occupation

**QUALIFICATIONS**

Please list any education, training and/or specialized experience you feel would help you perform the work for which you are applying.

Relevant Education, Degree(s), Licenses, etc	Name and Address of Institution, Program, Military Branch, etc.
School Diploma or Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary Education Degree(s) Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	
Graduate Education Degree(s) Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	
Second Language:	
Other:	

**Relevant Specialized Training and Skills:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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1. Clients of Sitka Counseling are sometimes referred for services by outside agencies (court, Office of Children's Services, etc). These clients are not always open and caring, but sometimes withdrawn, distant, loud, aggressive and at times manipulative. In what ways do you think you can be of help to the clients we serve?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is your philosophy regarding the establishment of limits, controls and discipline?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What types of people do you feel least comfortable with and feel least effective in working with?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you possess a valid Alaska driver's license?  Yes  No

**EMPLOYMENT RECORD (please make copies of this page if necessary; please do not write "see resume")**

Employer: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_  
(Month/Year) (Month/Year)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Describe your duties and responsibilities:

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Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

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(Month/Year) (Month/Year)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Describe your duties and responsibilities:

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Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

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(Month/Year) (Month/Year)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Describe your duties and responsibilities:

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Reason for Leaving: \_\_\_\_\_ May we contact this employer?  Yes  No

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**PLEASE READ CAREFULLY BEFORE SIGNING**

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I certify that I have answered the above questions truthfully and have not withheld any information relevant to my application. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions of the application information, attachments and supporting documents, generally will result in denial of employment or immediate termination if discovered after hire.

I authorize Sitka Counseling to investigate whether I have a criminal record or convictions (background check and fingerprinting), and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. Sitka Counseling has advised me that its criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from employment. If hired, I recognize the policies of Sitka Counseling. I understand that the Executive Director is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Sitka Counseling is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Sitka Counseling.

I understand and acknowledge that I may be required to submit to a physical examination, including a drug test. Additionally, I hereby authorize the release of the results of such an examination to Sitka Counseling, for their use in evaluating my suitability for employment. Further, I release the examining facility and Sitka Counseling from any and all liability and from any damage that may result from the release of such information.

I acknowledge reading the foregoing statements.

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Signature

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Date