

**CAREGIVER/ TEACHER APPLICATION FOR EMPLOYMENT**  
**Imagination Station/Imagination Station Express**  
**300 E 56<sup>th</sup> Ave**  
**Anchorage, AK 99518**

An Equal Opportunity Employer

*All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.*

**PERSONAL INFORMATION**

Legal name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell phone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ SSN \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
(position may require operation of a company vehicle)

Are you legally eligible for employment in the United States?  Yes  No

United States Visa status, if applicable: \_\_\_\_\_

Have you been convicted of a felony?  Yes  No

If yes, please explain circumstances: \_\_\_\_\_

Are you at least 18 years old?  Yes  No

**POSITION INFORMATION**

Position(s) applying for: \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_

Employment status desired:  Full Time  Part Time  Temporary

What hours are you available to work? \_\_\_\_\_

If hired, when could you start? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

**BACKGROUND SELF-REPORTING STATEMENT**

**LICENSING HISTORY**

Have you ever been licensed or registered to care for adults or children by any state, federal government, or agency? ( ) YES ( ) NO

If "YES" what kind of license did you have (child care home or center, child or adult foster care, etc.)

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When were you licensed?

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At what location?

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Have you ever been denied a license or registration to care for a children or adults or had such license revoked? ( ) YES ( ) NO

If "YES", when, where, why, and for what type of child or adult care was the application denied or licensed revoked?

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**CHILD ABUSE/NEGLECT**

Have you ever had a child whom you were legally responsible (natural child, foster child or adopted child) removed from your custody by child welfare agency in any state, after a protective services investigation of possible abuse/neglect? ( ) YES ( ) NO

If "YES", what was the child's name?

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Where, why, and when did this occur?

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Has a child from whom you were legally responsible (natural child, foster child or adopted child) ever received ongoing protective services in your home from the State of Alaska or a child welfare agency in any state after a protective services investigation of possible abuse and/or neglect? ( ) YES ( ) NO

If "YES", what was the child's name?

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Where and when did this occur?

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**HEALTH**

During the past ten years, have you had any handicapping conditions, chronic conditions, or serious physical, mental, or emotional illnesses? YES ( ) NO ( )

If " YES", please describe. Include a description of any vision or hearing problem and any limitations on mobility. Include treatment and current status. If currently taking medication, give the name of the medication.

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During the past ten years, have you had any history of alcohol or drug abuse? Yes ( ) NO ( )

If "YES", please describe. Include treatment and current status.

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What is your present health condition? EXCELLENT ( ) GOOD ( ) FAIR ( ) POOR ( )

**CRIMINAL CHARGES OR CONVICTIONS**

Have you been convicted within the past ten years of a crime of moral turpitude, or have you ever been convicted of a crime of violence or sexual abuse? YES ( ) NO ( )

If "YES", give detail, including date, place, and nature of convictions and disposition.

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Are you currently charged with (indictment or official complaint accepted by district attorney) a felony or a misdemeanor? YES ( ) NO ( )

If "YES", give details, including the type of charges.

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**CHILD CARE STAFF  
ANNUAL SELF-PREPARED HEALTH HISTORY for  
IMAGINATION STATION**

**Name of staff:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Position in center:** \_\_\_\_\_

**Position responsibilities:**

\_\_\_ Floater                      \_\_\_ Infants                      \_\_\_ Toddlers

\_\_\_ Preschool age              \_\_\_ Kitchen                      \_\_\_ Food Handling

**Brief description of responsibilities:**

\_\_\_\_\_

1. Do you have any health conditions or symptoms (physical, mental, or emotional) that will restrict you from fully performing this job? (“Health conditions” include such concerns as allergies or communicable diseases: “symptoms” include such concerns as dizziness, fainting, seizures, back trouble, disorders of eyes, ears, nose, or throat.) YES \_\_\_\_\_ NO \_\_\_\_\_

2. If so, what conditions?

3. How does this condition(s) restrict your care of children or the performance of your job?

4. Are you or have you been in the last year under treatment for any health, drug, alcohol or mental health problems? YES \_\_\_\_\_ NO \_\_\_\_\_

5. How does this treatment impact your ability to perform this job?

I understand that health conditions, symptoms or treatments do not necessarily prevent me from working with children. I understand that further evaluations may be required, as defined in AMC 16.55.440, if necessary to determine whether I can perform the job.  
YES \_\_\_\_\_ NO \_\_\_\_\_

My signature indicates that the above information is understood, true, and gives an accurate picture of my health as it relates to this job in a child care center.

Signature \_\_\_\_\_ date: \_\_\_\_\_



**\*References**

May your present employer be contacted? ( ) Yes ( ) No

Give the names and addresses of three persons, **other than relatives**, who know you.

Name	Address (Street, City, State, Zip)	Telephone Number

In addition to the three personal references listed above, this facility may contact your previous employers for a reference.

\*Required by regulation

**EDUCATION**

Type of school	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College / University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION & AUTHORIZATION**

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## Applicant Questionnaire

Please complete as quickly as you can. There is no right or wrong answers to these. We hope this will let us get to know you better.

1. Children are wonderful but\_\_\_\_\_

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2. When a child cries, it makes me feel like\_\_\_\_\_

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3. When I speak to children\_\_\_\_\_

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4. Children who are not potty trained\_\_\_\_\_

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5. What children want to make them happy is\_\_\_\_\_

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6. What children need most is\_\_\_\_\_

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7. A child feels unhappy when\_\_\_\_\_

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8. Children are naughty because\_\_\_\_\_

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9. Children who “pretend”\_\_\_\_\_

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10. Friends are important to children because\_\_\_\_\_

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11. Children get into everything because\_\_\_\_\_

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12. Children learn the most when\_\_\_\_\_

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13. Children's art\_\_\_\_\_

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14. My favorite story or picture book for children is\_\_\_\_\_

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15. My favorite TV show for children is\_\_\_\_\_

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16. Something that always make me smile is\_\_\_\_\_

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17. Something that makes me so angry is\_\_\_\_\_

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18. When I first get up in the morning, I feel\_\_\_\_\_

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19. My childhood was\_\_\_\_\_

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20. What I consider a real mess is\_\_\_\_\_

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21. The kind of mess that doesn't bother me is\_\_\_\_\_

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