

Bright Minds Learning Center

Employment Application



Bright Minds Learning Center is a place where children ages 4 weeks to 12 years can learn and grow. Have fun and change lives with us! Join the team and make a difference, one child at a time!

Personal Information

First Name _____ Last _____ Middle Initial _____ Birthdate _____

Current Physical Address _____ City _____ State _____ Zip code _____

Current Mailing Address _____ City _____ State _____ Zip code _____

Telephone: _____ Email: _____

Social Security #: _____ Emergency Contact: _____

Driver's License #: _____ Emergency Contact Name: _____

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

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 applying for: _____ Desired: \$ _____

Employment status desired: Full Time Part Time Temporary

What hours/days are you available to work? _____

If hired, when could you start? _____

How did you hear about this job? _____

Employment History

(Most recent first)

Employer:		Duties	
Job Title:			
Date of employment (month/year)			
From:	To:		
Starting Wage:	Ending Wage:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp <input type="checkbox"/>	
Employer's Address:			
Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:	
Reason for leaving:			
Employer:		Duties	
Job Title:			
Date of employment (month/year)			
From:	To:		
Starting Wage:	Ending Wage:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp <input type="checkbox"/>	
Employer's Address:			
Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:	
Reason for leaving:			
Employer:		Duties	
Job Title:			
Date of employment (month/year)			
From:	To:		
Starting Wage:	Ending Wage:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp <input type="checkbox"/>	
Employer's Address:			
Supervisor:	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:	
Reason for leaving:			

References

Give the name, relationship, email and phone number of three people, other than relatives, who can validate your skills, abilities, and moral character.

Name	Relationship to application	Email	Phone

Education

Type of school	Name of school	Location	Dates attended	Major and/or degree
High school				
University				
Professional School				
Other Relevant Training				

Further education or credentials: _____



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 ground for disqualification for 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 qualification 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 the law.

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

Signature of Applicant

Date

Printed Name of Applicant

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

(AP SIN) 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.

Disclosure of Personal History

Case Number (Eight Digit Numbers)

Applicants are required to disclose any known civil or criminal information regarding them which would be a barrier to association with the entity which is submitting your application for a background check under AS 47.05. or 7 AAC 10.900-7 AAC 10.990. Please attach additional pages, if necessary, to complete the required information.

Have you ever been charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a crime listed in 7AAC 01.905?

No Yes If yes, please describe: _____

Have you ever been found by a court or agency of this or another jurisdiction to have neglected, abuse, or exploited a child or vulnerable adult under Children in Need of Aid (AS47.10), or Office of the Long Term Care Ombudsman (AS 47.62) or a substantially similar provision in another jurisdiction?

No Yes If yes, please describe: _____

Have you been found by a court or agency of this or another jurisdiction to have committed medical assistance fraud under medical assistance fraud (AS 47.05.210) or a substantially similar provision in another jurisdiction?

No Yes If yes, please describe: _____

Have you appeared on the centralized registry established under Centralized Registry (AS 47.05.330) or a similar registry of this state or another jurisdiction?

No Yes If yes, please describe: _____

Non-discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D. C. 20250-9410

Phone

(202) 690-7442

Email

program.intake@usda.gov

This institution is an equal opportunity provider.

THINGS YOU NEED FOR EMPLOYMENT

Forms to Complete

Download and print forms from brightmindsalaska.com

- I-9 Form** Complete the I-9 form and bring in supporting documents (Drivers license, ID card, Social Security Card, Birth Certificate ect.)
- W-4 Form** Complete the W-4 form and bring in with application
- Direct Deposit Form** Complete direct form and bring in a voided check
- 3 Employment References** Have 3 people, 1 can be a relative, complete an employment reference for you.

Other Items to bring if applicable

- Collage transcripts**
- Teaching credentials or certificates**
- Associates bachelors or masters certificates**
- Learn and Grow Training Certificates**
- CDA credential**
- Food worker card**
- GED**
- CPR and first aid certificate**

Fingerprints

The UPS store is the easiest place to have fingerprints done. It is \$35.00 to get them done and once there complete bring them to our facility.

Wasilla UPS store up by Lowes

Address: 2521 E, Mountain Village Dr Ste B, Wasilla, AK 99654

Pittman UPS store

Address: 7362 W Parks Hwy, Wasilla, AK 99654

Adult, Child and Infant CPR and First Aid

Tundra Training 373-3483

This is usually a 4-8 hour class and cost \$75.00.

Ashley Brown 907-414-8277

This is an in-person class and cost \$75.00. Call to schedule with Miss Ashley. She has flexible scheduling.

Food Worker Card

<https://dec.alaska.gov/eh/fss/food-worker-card>

Getting an Alaska Food Worker Card Online

Obtain a Test ID. TestIDs are \$10.00 and expire after 1 year.

1. You may [purchase one or more TestIDs](#) through a myAlaska account.
2. Click on the blue button that says "Click To Purchase Test IDs".
3. To purchase a Test ID for an individual, click the "Click To Purchase One Test ID" button.
4. To purchase Test IDs for a group of individuals, click the "Click To Purchase Multiple Test IDs" button.
5. Fill out the requested information and submit it.
6. Enter payment information.
7. **Save your TestID and Invoice #. They will be used to print replacement cards or look up your test results in our database.**

Practicing for the test.

1. Go to the DEC Food Safety and Sanitation [training website](#) and review the Food Worker Card training materials available there.
2. Go to the [Alaska Food Worker Card online testing site](#) and select "Take a practice test".

Take the test

1. Go to the Alaska Food Worker Card online testing site and select [Take the test](#), entering your TestID to begin.
2. The test consists of 20 questions. You must answer a minimum of 15 correctly to pass.
3. If you do not pass, you may retake the test as many times as you want within 1 year of purchasing your TestID. just select "Take the test" on the [Alaska Food Worker Card online testing site](#). Each test will be randomly generated from a pool of questions.

Print your card

1. Click the green button that says "Click To Print Food Worker Card" on the [Alaska Food Worker Card site](#).
2. Enter your TestID to print your card.
3. Your card is valid for 3 years from the date your test was successfully completed.
4. You may print up to 3 additional copies of your card while it is valid