



## Cornerstone Home Care

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

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### Position Applying for: Administrative Assistant

**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

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



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.

### BOTTOM PORTION TO BE FILLED BY CHC STAFF

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.

Signature of CHC staff: \_\_\_\_\_ Date \_\_\_\_\_





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## Department of Health and Social Services

DIVISION OF HEALTH CARE SERVICES  
Background Check Program

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

### Alaska Background Check Application **INTERIM PROCESS** Published May 21, 2021 Effective May 24, 2021

**This application must be used while NABCS is offline.  
Once NABCS is restored, ONLY electronic applications will be accepted.**

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

#### Personal Information

Facility Name\*: Cornerstone Home Care

Facility Email\*: info@chhcare.com

Facility Contact Phone No\*: 907-586-6838

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/Ethnicity:

(Asian, Black, White,  
Native American, or Other)

\*Eye Color:

(Black, Blue, Brown, Hazel, Green,  
Grey, Unknown)

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

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

\*Height:

FT IN

\*Weight:

Lbs.

\*Place of Birth  
(Country/State): \_\_\_\_\_

Background Check Application for: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### 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: \_\_\_\_\_ SSN/ITN: \_\_\_\_\_

Last Name: \_\_\_\_\_ This is an ITN ☐ \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

(mm/dd/yyyy) \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ SSN/ITN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ This is an ITN ☐ \_\_\_\_\_

(mm/dd/yyyy) \_\_\_\_\_

### 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 \_\_\_\_\_



Background Check Application for: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Instructions**

1. DHSS no longer has access to NABCS electronic data.
  - If you have been unable to submit an application in NABCS as of May 17, 2021 because the system is down, you must submit a hard copy application.
  - If you have submitted an application prior to May 17, 2021, we do not have access to those electronic records, and you must submit a hard copy application.
  - If you were using a third-party contractor and NABCS went down and you were not able to enter electronically, you will need to submit a hard copy application.
  - Effective May 17, 2021, temporary provisional approval changes are rescinded as the Background Check Program (BCP) resumes CourtView review of all applicants. Third-party background checks in response to the court system cyber-attack are no longer accepted.
2. Applications can be mailed, faxed, emailed or hand delivered between the hours of 10:00am – Noon to:  
  
DHSS, Background Check Unit  
4601 Business Park Blvd, Bldg. K,  
Anchorage, AK 99503.  
  
Fax: 907-269-3488  
  
Email: (preferred for processing efficiency: [bcunit@alaska.gov](mailto:bcunit@alaska.gov)).
3. 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.
4. Payments
  - All new applications including those you were unable to submit in NABCS on and after of May 18th, 2021 as a result of the cyberattack, you must submit a hard copy application and proof of payment.
  - If you submitted an application on or prior to May 17<sup>th</sup>, and:
    - Have not received an email confirmation of a provisional clearance, you must submit a new hard copy application and proof of payment.
    - Received email confirmation of a provisional clearance, no additional action is necessary.
  - No upfront payment for Pioneer Home, Alaska Psychiatric Institute, and Office of Children's Services as these are paid for by inter-agency Reimbursable Service Agreement (RSAs).
  - Child Care Program Office - \$40
  - All others \$88.25
  - Credit card payments can be made over the phone at 907-334-2400 or in person.
  - We accept:
    - Cash (at the **front desk only** and exact amounts only accepted)
    - Check or credit card (Visa/MasterCard)
    - Money Order
  - A receipt of payment will be provided for all payments.
5. The state continues to operate under its 1135 waiver and Appendix K flexibilities authorized by the Federal Government. Provisional approvals will continue as they have since March 2020.
6. 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.

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 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.

Applicant Signature

Date



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## Payroll Deduction Agreement

I, \_\_\_\_\_ (employee name) authorize my employer,

Cornerstone Home Care, to deduct \$88.25 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 \$88.25.

OR

☐ The next two pay periods in the amount of \$44.12 and \$44.13 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: