



Opening Doors to Independence

Dear Prospective Direct Service Provider,

Thank you for your interest in Access Alaska, Inc. Attached is the application to become a Direct Service Provider. If you do not have current CPR/First Aid certification, please contact any provider that offers the approved attached CPR/FA courses. **Your application cannot be accepted without current CPR/FA certification.** Once you have your CPR/FA card and a completed application turned in, it will be reviewed and you may be scheduled for an appointment, at which time you will have a state/federal background check and fingerprints done, as well as be enrolled as a Medicaid Provider. You will need to bring proof of your SSN and two forms of government issued identification. The background check can take up to a month to come back, so this is not a quick process. Once you have been cleared, there will be an orientation as well as additional paperwork you will need to complete before you are officially hired.

If a consumer has specifically requested you to apply to become their DSP, please make it clear on the application by listing the name of the consumer.

If you are submitting documents to the application pool, please be aware that submission of the required documents does not guarantee you a position with Access Alaska.

If you have any questions or concerns, please call your local office at the number below.

Sincerely,

Access Alaska, Inc.

Anchorage
1217 E 10th Ave
Anchorage, Alaska 99501
907-248-4777
fax 907-248-0639
toll free 800-770-4488

Fairbanks
526 Gaffney Road, Suite 100
Fairbanks, Alaska 99701
907-479-7940
fax 907-474-4052
toll free 800-770-7940

Mat Su
1075 Check St.
Suite 109 Wasilla,
Alaska 99654
907-357-2588
fax 907-357-5585
toll free 800-770-0228

Kenai
33880 Community College Drive
Soldotna, AK 99669
PO Box 484
Kenai, AK 99611-0484
907-262-4955
fax 907 262 4936
toll free 888-260-9336



Opening Doors to Independence

Access Alaska, Inc. is an equal opportunity employer. Access Alaska, Inc. makes every effort to ensure that in every phase of its recruitment and selection processes equal employment opportunity is provided to all individuals regardless of race, color, genetics, sex, gender identity, sexual orientation, age, religion, marital status, change in marital status, pregnancy, parenthood, disability, national origin or citizenship, or veteran's status. Access Alaska, Inc. is an at-will employer.

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Date Available: Social Security No.: Desired Salary:\$

Position Applied for:

Are you over the age of 18? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Availability

(Check all that apply) Morning Afternoon Evenings Nights

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Experience

Please select all areas in which you have had prior working experience:

- | | | |
|--|--|---|
| Alzheimer TABI <input type="checkbox"/> | Seizure <input type="checkbox"/> | Dusting <input type="checkbox"/> |
| Behavioral Health <input type="checkbox"/> | Dementia <input type="checkbox"/> | Grocery Shopping <input type="checkbox"/> |
| Elderly <input type="checkbox"/> | Companionship <input type="checkbox"/> | Grooming <input type="checkbox"/> |
| Visually Impaired <input type="checkbox"/> | Vacuuming <input type="checkbox"/> | Incontinence <input type="checkbox"/> |
| Hearing Impaired <input type="checkbox"/> | Bathing <input type="checkbox"/> | Transfer Assist <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Dressing <input type="checkbox"/> | Hoyer <input type="checkbox"/> |

The role of a Direct Service Provider (DSP) may involve the positioning of non-ambulatory recipients in bed or chair, lifting, transferring consumers as you help them perform various daily living activities. You may have to carry or move groceries, medical, or disability equipment, laundry and do light housekeeping:

1. If necessary are you willing and able to routinely perform these tasks? YES NO
2. Within the last two (2) years have you received formal training in proper lifting techniques? YES NO
3. In the last five (5) years have you ever fractured or broken a bone, or strained, spraining, pulled or otherwise injured any muscle, tendon ligament or similar soft tissue while lifting moving or carrying anything? YES NO
 - a. If yes, was it while performing your regular job duties? YES NO
4. Are you able to lift more than 25 lbs? YES NO
5. Are you able to lift 50 lbs or more? YES NO

Please list any additional skills, trainings or certifications you may have: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Access Alaska, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Access Alaska, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature: _____ Date: _____

(Electronically entering your name here will be considered a legal signature)

Authorization for Release of Information

Due to the nature of its business Access Alaska, Inc. requires a background check on each of its employees.

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security#: _____ - _____ - _____ Sex: Male Female

Place of birth: _____ Date of Birth: _____

Current address: _____

City, State, Zip: _____

I _____, (print name) hereby authorize access to CRIMINAL, CREDIT, CIVIL, AND TRAFFIC records (warranted by position). I authorize a full review and complete disclosure of all records of all agencies by/to any duly authorized agent of Access Alaska, Inc. whether the said reports are public or private and including those, which may be deemed to be of privileged or confidential in nature. I understand this information is as listed in the records, and by accessing information Access Alaska, Inc. is not liable for its content or accuracy. I agree to indemnify and hold harmless the person to whom this request is presented, their agents and employees, from and against any and all claims as a result of the release of information.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. A copy of this release form will be considered valid as an original hereof and will remain in my personnel file.

Employee Name (print name)

Employee Name (signature)

(Electronically entering your name here will be considered a legal signature)

Date Signed

Witness (print name)

Date Signed

EEO: Voluntary Self-Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. **Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment.** This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

Name		Date
Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino) <input type="checkbox"/> _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ <div style="background-color: #cccccc; text-align: center; padding: 2px;">Disability Disclosure</div> <input type="checkbox"/> Individual with Disabilities <input type="checkbox"/> _____ _____ _____ _____	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Services Medal Veteran <input type="checkbox"/> _____
Age		
<input type="checkbox"/> Under the age of 40	<input type="checkbox"/> Over the age of 40	Date of Birth: _____
<input type="checkbox"/> I do not wish to Self-Identify		

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THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

**Department of
Health and Social Services**

SENIOR AND DISABILITIES SERVICES
Director's Office

550 W 8th Avenue
Anchorage, AK 99501
Main: 907.269.3666
Toll free: 800.478.9996
Fax: 907.269.3688

**Accepted Cardiopulmonary Resuscitation & First Aid Training Courses for the
Personal Care Services & Home Community Based Waiver Programs
As of March 15, 2014**

The courses below, taught by an agency that is licensed/certified with the American Red Cross, American Heart Association or the American Safety and Health Institute, are acceptable provided that verification of the licensing/certification agency is listed on the training card.

Accepted Courses	Primary Location	CPR	FA
American Red Cross	Statewide		
Adult CPR/AED with First Aid		x	x
Adult CPR/AED with First Aid PLUS Child and Infant CPR		x	x
First Aid Basics			x
CPR/AED for the Professional Rescuer		x	
American Heart Association	Statewide		
– All courses provided by the American Red Cross & American Heart Association are accepted.		x	x
BLS for Healthcare Providers		x	
Heartsaver CPR		x	
Heartsaver AED		x	
Heartsaver First Aid (including CPR)		x	x
ACLS for Healthcare Providers		x	
American Safety and Health Institute	Statewide		
CPR and AED for Community and Workplace		x	
Basic First Aid			x

Note: The following list of training agencies is not all-inclusive. Other organizations and courses may meet the regulatory requirements of 7AAC 125.090 (d) (1)-(2) and HCB Waiver Provider Conditions of Participation. SDS must preapprove any training provided by an agency NOT listed below to ensure the training meets SDS requirements. All students must have successfully demonstrated skills observed by a qualified instructor. No exclusively online courses will be accepted, they must have a hands-on component.

Accepted Courses	Primary Location	CPR	FA
Alaska Crossings Wilderness Course	Wrangell		
First Aid			x
Emergency Care & Safety Institute	Statewide		
Wilderness First Aid			x
Emergency First Response	Anchorage		
CPR/AED/FA – Adult		x	x
Emergency University	Statewide		
Adult CPR		x	
Adult & Child/Infant CPR		x	
Pro CPR		x	
CPR & AED		x	
First Aid			x

Accepted Courses		Primary Location	CPR	FA
Environmental Management, Inc.		Anchorage		
	Adult & Child/Infant CPR/FA/AED		x	x
Medic First Aid		Anchorage		
	BasicPlus CPR, AED and First Aid for Adults		x	x
	Basic CPR and First Aid for Adults		x	x
	Pediatric Plus CPR, AED & First Aid for Children, Infants & Adults		x	x
	Pediatric CPR and First Aid for Children, Infants & Adults		x	x
	Basic Life Support for Professionals		x	
	CarePlus CPR and AED for Adults, Children and Infants		x	
National Safety Council		Statewide		
	Standard First Aid, CPR and AED		x	x
Emergency First Aid				
	Standard First Aid	Statewide		x
ProFirstAid Advanced				
	Healthcare Provider CPR/AED & FirstAid	Statewide	x	x