



ALASKA DIVISION

Supplement A
applies to:

Care for Kids
Booth Memorial
Serendipity
Older Alaskans Program

Revised
May 28, 2008



EMPLOYMENT APPLICATION

- ✓ Please print legibly; attach additional sheets to clarify if necessary.
- ✓ Help needed to complete this application is available upon request.
- ✓ Salvation Army is an equal opportunity employer.

The Salvation Army will accept applications only during an active recruiting period.
Applications will not be accepted for positions for which there are no current openings.

Referral Source: Advertisement Government Employment Agency
 Walk-in Private Employment Agency
 Employee Relative Other: _____

Name of source (if applicable): _____

Position Applying for		SSN	Date of Application
Last Name		First Name	Middle Initial
Mailing Address		City / State	Zip Code
Daytime Phone Number		Evening Phone	Cell phone
On what date can you begin work?		Pay Expected?	Available: <input type="checkbox"/> On-call <input type="checkbox"/> Part time <input type="checkbox"/> Full time
Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally Eligible to Work in U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Registration # (if applicable)	
Previously employed by Salvation Army? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give name and unit location	Dates worked
Relatives working with the Salvation Army? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give relative's name		Unit they work with

DRIVER'S LICENSE REQUIREMENTS

If this position requires a valid driver's license, please answer the following:

Valid Driver's License #: _____ State: _____

EMPLOYMENT HISTORY

Below, please list all paid or unpaid work experience for the past 15 years, beginning with your current or most recent job. Include military and volunteer experience. Describe each job separately, emphasizing your specific duties and responsibilities. Please do not substitute other items for the required information. For example, do not say "see resume". Attach additional sheets if more space is needed. Explain any significant breaks in your work experience.

Employer:	Dates (mm/dd/yy): To: From:
Address:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other _____
Position held:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for separation:	Supervisor's Name: Phone #:
Starting Pay: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Duties & Responsibilities:	

Employer:	Dates (mm/dd/yy): To: From:
Address:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other _____
Position held:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for separation:	Supervisor's Name: Phone #:
Starting Pay: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Duties & Responsibilities:	

Employer:	Dates (mm/dd/yy):	
	To:	From:
Address:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other _____	
Position held:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for separation:	Supervisor's Name:	
	Phone #:	
Starting Pay: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	
Duties & Responsibilities:		

Employer:	Dates (mm/dd/yy):	
	To:	From:
Address:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other _____	
Position held:	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for separation:	Supervisor's Name:	
	Phone #:	
Starting Pay: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	Ending Pay: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually	
Duties & Responsibilities:		

EDUCATION AND FORMAL TRAINING

School	Name of School City, State	Course of study	Check Last Year Completed	Graduated?	Diploma, Degree, or Certificate Received?
High school			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPUTER KNOWLEDGE

	Software (be specific):	Hardware (i.e. IBM, MAC)
Word Processing:		
Spreadsheets:		
Database:		

Other education, skills, training, licenses, or qualifications you would like us to consider:

PERSONAL REFERENCES

List three references (other than prior supervisors) who have knowledge of your work experience and abilities. Please include ONE relative.	
Name:	Phone: ()
Name:	Phone: ()
Name:	Phone: ()

CONVICTIONS/CRIMINAL HISTORY/BACKGROUND CHECKS

Have you ever been convicted of any violation of the law, other than for minor traffic violations? (This includes DWI/DUI, domestic violence, assault or child endangerment convictions).

No Yes If yes, please explain below.

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Please note: Disclosing information about convictions will NOT necessarily be a bar to employment, each instance and explanation will be considered in relation to the position for which you are applying.

Social Security #	Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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List all other names used i.e. aliases, maiden name or prior legal names in the space below.

Last Name	First	Middle	Type of name

CERTIFICATION AND AUTHORIZATION

Truthfulness and Accuracy

I certify that I have answered truthfully and have not knowingly withheld any information in my application or during any interview(s). I understand that any false information or misrepresentation will result in my immediate discharge at any time during my employment.

Employment At-Will

I understand that The Salvation Army is an at-will employer. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between The Salvation Army and myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon The Salvation Army. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that The Salvation Army retains a similar right.

Release Authorization

I authorize The Salvation Army to communicate with persons listed as references, former employers, and any others with whom The Salvation Army desires to check. The Salvation Army has my permission to conduct a background investigation including criminal, civil matters, motor vehicle, education and past employment. I understand and agree that background inquiries may be requested that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that The Salvation Army may request information from various sources both public and private. I agree to hold such persons harmless with respect to any information they may give to The Salvation Army about me.

Agreement to Abide

In consideration of my employment, I agree to abide by The Salvation Army's guidelines, policies and procedures, all of which may change from time to time.

New Hire Orientation

If hired, I understand that I have fourteen days from my date of hire to attend ***New Hire Orientation***. Employees who live and work inside the Anchorage area will attend orientation at The Salvation Army Divisional Headquarters at 143 E. 9th Avenue, Anchorage, Alaska. Other employees, outside of Anchorage will be scheduled locally by their supervisor. If I fail to attend during this two-week period, I may be terminated for failure to comply with Salvation Army policy. If I am unable to attend within this two-week period, I may submit a written request for a 2-week extension to Human Resources at the The Salvation Army Divisional Headquarters at 143 E. 9th Avenue, Anchorage, Alaska. If my request is approved, I will have a total of four weeks to attend New Hire Orientation. If I fail to attend within this 4-week period, I understand that my employment will be terminated for not complying with Salvation Army policy.

Applicant's Signature

Applicant's Printed Name

Date

**STATEMENT OF APPLICANT FOR EMPLOYMENT INVOLVING WORK
WITH CHILDREN** Supplement A

As the applicant described in this application, I do hereby represent to The Salvation Army, with the understanding that The Salvation Army will rely upon the information provided in considering my application for work with children, that the foregoing information and following statements are true:

1. In my prior employment, I have never used a name other than that set forth above.
2. I understand the essential duties of my position in connection with the working with children in the programs of The Salvation Army. I am able to perform those essential job duties with no accommodation except as follows:

3. I have never been accused of abuse of a child or of actual or attempted sexual molestation of a child, either in a program for children or otherwise.
If the foregoing statement is not true, please describe the circumstances of the accusation and the outcome:

4. I have never been arrested as a result of a charge of child abuse or of actual or attempted sexual molestation of a child.
5. I have never been convicted of child abuse or a crime involving actual or attempted sexual molestation of a child.
6. I authorize any of the churches or other organizations and their representatives and my personal references listed above to give to The Salvation Army any information they may have regarding my character and fitness for work with children. I release all such organizations and individuals from any liability that may result from their furnishing such information to The Salvation Army. I waive any right that I may have to inspect any records containing such information.
7. I am aware that The Salvation Army is a branch of the Christian Church and, in the event that my application is accepted, I agree that I will conduct myself in my work with children in a way that is consistent with the religious and charitable policies and principles of The Salvation Army.
8. Having provided the foregoing information and having affirmed the foregoing statements are true, I recognize that any false information or statements are punishable under the laws relating to perjury.

Applicant Date: _____ /20____

Signature of Witness Name (please print)

Address

City State Zip



Disclosure of Personal History & Release of Information Authorization

Case Number (Eight Digit Number)

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 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 7 AAC 10.905?

No Yes If yes, please describe: _____

Have you ever been found by a court or agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under Children in Need of Aid (AS 47.10), Protection of Vulnerable Adults (AS 47.24), 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: _____

Release of information Authorization

I certify that the contents of this form and information provided with it are true, accurate, and complete. I understand that a willful misrepresentation of the information provided is cause for immediate denial or later revocation of authorization under Criminal History; Criminal History Check; Compliance (AS 47.05.310).

I, the undersigned, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization 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 will be held in confidence in accordance with DHSS guidelines.

I, the undersigned, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Applicant Signature	Date	Parent Signature (if applicable)	Date
Applicant Printed Name	Applicant SSN	Parent Printed Name	

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, officership, lay missionary work, reassignment, and/or retention ("Engagement"), **The Salvation Army** will use the services of an outside agency to research and verify the information I have provided on my application for Engagement including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **The Salvation Army**. **The Salvation Army** uses **Abso**, a consumer-reporting agency, as an agent to perform its Engagement related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal records, sex offender registries department of motor vehicle records, SSN trace, and other related sources of information required to perform its investigation. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **The Salvation Army**, and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Engagement from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **The Salvation Army** if Engagement is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **The Salvation Army**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Ct., 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed

Today's Date

Name as it appears on your driver's license

Driver's License Number State

Social Security Number

Date of Birth

Position Applied For/Current Position

Officer Employee Volunteer MVR Only

Location Applied At

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 10 YEARS

Mo./Yr. / Mo./Yr

Current Address: _____ /
 Street Apt.# City State Zip Code From / To?

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?

Former Address: _____ /
 Street Apt.# City State Zip Code From / To?

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation , Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051



The Salvation Army, Western Territory Equal Employment Opportunity (EEO) Gender & Ethnicity Voluntary Self Disclosure Form

The Salvation Army is an equal employment opportunity employer. In order to comply with EEOC, OFCCP and Affirmative Action regulations, The Salvation Army is required to compile summary data on the gender and ethnicity of its incumbent employees.

The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by The Salvation Army and the Equal Employment Opportunity Commission. This information is confidential, maintained in separate files, and is not used in the determination of your eligibility for promotion, transfer, or tenure. Providing this information is **voluntary**; however, the EEOC strongly endorses self-identification of race and ethnic categories, as opposed to visual identification by employers; refusal to provide this information will not subject you to adverse treatment.

Name: (Please print): _____

Gender: Female Male

Current Position: _____

Location: _____

Date: _____

Ethnic Origin (Please read the definition below and mark **only one** of the appropriate boxes):

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- I do **not** wish to provide this information to The Salvation Army.

HR Use Only: Employees do not complete this section Job Category

Executive/Senior Level Officials and Managers

Plan, direct and formulate policy, set strategy & provide overall direction;

Within 2 reporting levels of Commissioner; chief officers, managing directors; **usually THQ employee.**

First/Mid-Level Officials and Managers

Direct implementation or operations within specific parameters set by Executive Level;

Oversee day-to-day operations at divisional levels; **usually** divisional controllers, HR, IT, Operations Mgrs.

Professionals

Most jobs require BA & graduate degrees or professional certification; kinds of positions include:

Accountant; auditor; artist; HR; PC programmer; editor; librarian; registered nurse; teacher; **exempt and non-exempt social workers.**

Technicians

Activities that require applied skill, usually through additional training, certification; etc.

Examples: Drafter, EMT, broadcast & sound engineering technician.

Sales Workers

Non-managerial duties that primarily involve direct sales; examples include:

sales agent; telemarketer; demonstrator; retail salesperson; counter clerk; cashier.

Administrative Support Workers

Non-managerial duties providing administrative and support assistance, primarily in office settings.

Examples: office worker; bookkeeper, accounting & auditing clerk; data entry keyer; typist; desktop publisher; computer operator; general office clerk.

Craft Workers (formerly Craft Workers/Skilled)

Higher skilled occupations in construction, equipment maintenance & natural resource extraction;

Examples: carpenter; electrician; painter; plumber; mechanic; electric/electronic equipment repairer.

Operatives (formerly Operatives/Semi-skilled)

Intermediate skilled (2-3 months) occupations that operate machines or facilitate movement;

Examples: laundry worker; assembler; baker; truck, bus or taxi driver; forklift operator; packager.

Laborers and Helpers (formerly Laborers/Unskilled)

Workers with limited skills requiring brief training to perform tasks with little/no independent judgment

Examples: production/construction worker helper; laborer; refuse collector; material mover.

Service Worker

Includes food service, cleaning service, and protective service positions as follows:

cook; other food service worker; medical assistant; hairdresser; usher; janitor; porter; cleaner; guard.

OFCCP Voluntary EEO Disclosure:

If you are the recipient of a large federal grant and are subject to the Office of Federal Compliance Programs (OFCCP), see disclosure form on the HR Guidelines & Procedures site under EEO.