SHINE TRUE BRIGHT CARE LLC

EMPLOYMENT APPLICATION | Applicant details

2911 Monarch Cir, Anchorage, AK 99516 | 907-205-2604 | row1335@gmail.com

Please complete all applicable sections. Shine True Bright Care LLC is hiring for direct support and administrative positions supporting day habilitation and respite care. Some positions involve working with Medicaid recipients and require state and federal background screening and any clearance or training required by Alaska law before duties begin.

Position applied for

Application date

Applicant Information

Full legal name

Name you go by

Street address

City, state, ZIP

Phone

Email

Preferred contact method

Best time to contact

Highest level of education completed:

- ☐ High school diploma / GED
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Other

Other education (if applicable)

Submitting your application

Leave the identity fields on page 2 blank until we give you secure screening instructions.

Identity Information for Required Screening

CONFIDENTIAL: Complete this section only through the employer's designated secure process. **Do not send Social Security numbers or identity documents by ordinary email.** These details are collected only as needed to initiate required screening and will be handled as confidential information.

Social Security number

Date of birth

Government-issued ID type (e.g., driver's license)

ID number

Issuing state / country

Expiration date

Position and Availability

Select the position(s) you are applying for:

- ☐ Program / Payroll Manager
- ☐ Day Habilitation Support
- ☐ Respite Care
- ☐ Human Resources (HR)
- ☐ Other
- ☐ Paid caregiver for my own child or loved one only

Case Manager

Other position (if applicable)

Preferred schedule:

- ☐ Full time
- ☐ Part time
- ☐ On call

Hours per week desired

Earliest start date

Days and hours available

Days or hours unavailable (if any)

Work Eligibility and Role Requirements

Are you legally authorized to work in the United States?

◯ Yes ◯ No

Are you at least 18 years old?

◯ Yes ◯ No

If hired, can you provide documents verifying identity and work authorization?

◯ Yes ◯ No

Are you willing to complete all state and federal screening, fingerprints, and clearance required for the position and wait for required clearance before beginning covered work?

◯ Yes ◯ No

Do you have a valid driver's license and a driving record that meets the position's requirements?

◯ Yes ◯ No ◯ Not applicable

Can you travel with or transport individuals when required by the position and approved service plan?

◯ Yes ◯ No ◯ Not applicable

Relevant Experience and Training

Describe experience relevant to your selected position(s), including caregiving, disability services, day habilitation, respite, , payroll, bookkeeping, HR, or office administration:

Experience details

Check training or credentials you currently hold:

- ☐ CPR / First Aid
- ☐ Critical incident reporting
- ☐ Medication assistance / reminders
- ☐ Positive behavior support / de-escalation
- ☐ EVV or service documentation
- ☐ Other
- ☐ Alaska mandated reporter training
- ☐ HCBS / person-centered practices
- ☐ Medication administration certification
- ☐ HIPAA / confidentiality
- ☐ Payroll / bookkeeping software

Credentials and Additional Information

Training / credential details, issuer, and date

Training you are willing to complete if required

Professional license type (e.g., CNA or LPN)

License number

Issuing state / board

License expiration date

Some training may be required before or during employment based on assigned duties, current state or federal requirements, agency policy, and the individual's approved service plan. Checking a training above does not replace required verification or clearance.

Do you need an accommodation during the hiring process? (Optional)

◯ Yes ◯ No

Accommodation details (optional; share only what you would like us to know)

Employment History

List your most recent employment first. You may attach a resume for additional information.

Most recent employer and location

Dates employed

Position and main duties

Reason for leaving

Employment History (continued)

Previous employer and location

Dates employed

Position and main duties

Reason for leaving

May we contact your current employer?

◯ Yes ◯ No ◯ N/A

If no, please explain

Professional References

Provide two professional references who are not relatives.

Reference 1 - full name

Professional relationship

Phone or email

Reference 2 - full name

Professional relationship

Phone or email

Background Check Authorization

I authorize Shine True Bright Care LLC and its designated screening provider to obtain and review the criminal history and other background information allowed by law for the position I have applied for. This may include fingerprint-based state and federal criminal history checks, Alaska background screening and clearance, and checks of applicable Medicaid exclusion lists when required for the role. I understand that screening will be conducted only for a lawful employment purpose, that applicable notices and rights will be provided separately when required, and that I may be asked to verify my identity through a secure process. I certify that the identifying information I provide is accurate. I understand that required clearance must be obtained before I begin covered duties.

Applicant: I authorize the background checks described above.

◯ Yes ◯ No

Applicant printed name

Applicant signature (type your full name)

Date

By typing my name in the signature box, I intend to electronically sign the authorization above.

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize the employers and references listed to be contacted, consistent with applicable law. A conditional offer may depend on verification of qualifications and successful completion of required screening, training, and clearance. This application is not an employment contract.

Applicant signature (type your full name)

Date

By typing my name in the signature box, I intend to electronically sign this employment application.

Background Screening - For Office Use

Screening initiated date

Screening provider / reference

Official Alaska Background Check Clearance Received?

◯ Yes ◯ No

Verified by

Date

For Office Use Only

Interview date

Interviewer

Hiring recommendation:

◯ Proceed ◯ Hold ◯ Decline

References checked?

◯ Yes ◯ No

Required screening initiated?

◯ Yes ◯ No

Official Alaska Background Check Clearance Received before covered duties?

◯ Yes ◯ No

Required training identified / completed

Decision date

Interview notes