



Application for Employment

Personal Information:

Name (Last, First)		SSN	
Present Address		City, State	Zip
Permanent Address		City, State	Zip
Are you 18 Years or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Daytime Phone	Night-time Phone	e-mail address

Desired Employment:

Position	Date Available to Start	Desired Wage: \$ /
Would you be willing to be considered for other positions in the University? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which one(s)		
Are you employed currently? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No - If "No", why not?	
How did you hear about us?		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> College Placement Service	<input type="checkbox"/> State Employment Office
<input type="checkbox"/> Friend who works at APU	<input type="checkbox"/> Internet Advertisement	<input type="checkbox"/> Print Advertisement
		<input type="checkbox"/> Other
		<input type="checkbox"/> Walk-in
Who?	Which?	Which?

Education:

Level	Name and Location	Number of years attended	Did you Graduate? Y/N	Subjects Studied/Major/Degrees Obtained
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Training/Skills/Studies:

Please list any special certifications, skills, training, or studies:	
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Former Employment:

Most Recent Employer		
Address		City, State
Zip code		
Position:		
Supervisor		Phone () -
From:	Starting Pay:	Reason For Leaving
To:	Ending Pay:	
Duties:		
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No – If “No” why not?		

Previous Employer		
City, State		City, State
City, State		
Position:		
Supervisor		Phone () -
From:	Starting Pay:	Reason For Leaving
To:	Ending Pay:	
Duties:		
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No – If “No” why not?		

Previous Employer		
City, State		City, State
City, State		
Position:		
Supervisor		Phone () -
From:	Starting Pay:	Reason For Leaving
To:	Ending Pay:	
Duties:		
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No – If “No” why not?		

Professional References (not relatives):

Name:	Name:	Name:
Address:	Address:	Address:
Phone #:	Phone #:	Phone #:
E-mail:	E-mail:	E-mail:
Occupation:	Occupation:	Occupation:
Years Known:	Years Known:	Years Known:

Armed Forces Service:

Branch Of Service	Discharge Date/Rank
Special Skills Acquired	

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please explain the circumstances (This will not necessarily exclude you from consideration)

PLEASE READ VERY CAREFULLY

Alaska Pacific University is an "at will" employer. This means that employment and compensation can be terminated, with or without good cause and with or without notice, at any time, at the option of the University or the employee. The employee should understand that no representative of the University has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Employees should understand that the materials which they may receive do not create a contract of employment and that no word deed or conduct shall be construed as creating a contract between that employee and the University. The University retains the absolute right to terminate employment and compensation, at any time, with or without good cause.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of this University. I understand that completion of this application for employment does not guarantee that this University has employed me. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the University. If employed, I agree to hold in strictest confidence any information concerning the University and its agents, which may come to my knowledge.

Also in consideration of my employment, if I am employed, my signature confirms that I have the qualifications to meet the educational, experience and physical requirements of the position for which I am applying.

The University has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment history, driving record, education, character, general reputation, and personal characteristics. I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the University.

My signature on this application attests the above information is true, correct and complete to the best of my knowledge and should the University employ me, any misrepresentation or false statement or omissions of facts contained herein will be considered grounds for disciplinary action up to and including immediate termination.

My signature also attests that I understand that Alaska Pacific University is an "at will" employer and that employment and compensation can be terminated, with or without good cause, and with or without notice at any time.

Signature: _____ **Date:** _____

Alaska Pacific University

Equal Employment Opportunity Self-report

Alaska Pacific University is an Equal Opportunity Employer and complies with all applicable federal and state regulations. We are required to solicit the information indicated below. This data is for analysis and reporting purposes only. **Submission of this information is completely voluntary.** Failure to supply this information will not result in any adverse treatment.

Gender:

- Male Female

Ethnic identification:

- American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Multiracial/Other**

Other Information:

- Vietnam era veteran** – Veteran of the Vietnam War era
- Disabled veteran** – Disabled veteran from any era with a 30% or more rated disability.
- Disabled Individual** – I choose to be identified as an individual with a disability because I have a record of, or am regarded as having a physical or mental impairment which substantially limits one or more major life activity.

Voluntary Refusal to Submit Information - Failure to supply this information will not result in any adverse treatment.

- I have read the above information and choose to not answer or feel that none of the categories apply to me.**

Position Applied for: _____ **Date:** _____

Printed Name: _____

Signature: _____