

Alternative Paths Training School Employment Application

Please Print

Complete information and satisfactory verification thereof is a condition of employment.

Personal Information			
Last Name	First	Middle Initial	
Street Address	City	State	Zip Code
Phone ()	E-mail		
Position Requested	Date you are available to begin work		
How did you hear about APTS?	If Referred, by whom?		
Have you ever been employed by APTS?	If yes, when?		
Are you eligible to work in the U.S.? <i>If offered employment, you will be required to provide documentation to verify eligibility.</i>			
		__Yes	__No
Have you ever been fired, asked to resign, allowed to resign in lieu of dismissal, denied renewal of an employment contract, or received a dishonorable or bad conduct discharge? If yes, list the name of the employer or branch of service and explain:			
		__Yes	__No
Have you ever pled "guilty" or "no contest" to, or been convicted of, any crime including child abuse? <i>The nature and type of crime will be considered in hiring and a "yes" answer will not automatically disqualify you.</i>			
		__Yes	__No
If yes, please provide details and date(s) below:			
Have you ever pled "guilty" or "no contest" to, or been convicted of, any crime other than a minor traffic offense?			
		__Yes	__No
If yes, please provide details and date(s) below:			
Do you have pending charges held against you at this time?			
		__Yes	__No
If yes, please provide details and date(s) below:			

Employment History – List most recent first.		
Employer	Employed (month and year) From: To:	May we contact this employer for reference? __Yes __No
Name and title of supervisor		Supervisor's telephone number ()
Your current or last position/title held	Reason(s) for leaving	
Employer	Employed (month and year) From: To:	May we contact this employer for reference? __Yes __No
Name and title of supervisor		Supervisor's telephone number ()
Your current or last position/title held	Reason(s) for leaving	
Employer	Employed (month and year) From: To:	May we contact this employer for reference? __Yes __No
Name and title of supervisor		Supervisor's telephone number ()
Your current or last position/title held	Reason(s) for leaving	
Employer	Employed (month and year) From: To:	May we contact this employer for reference? __Yes __No
Name and title of supervisor		Supervisor's telephone number ()
Your current or last position/title held	Reason(s) for leaving	
Education Record		
High school name and location (City/State)		Last full year attended (Circle one) 1 2 3 4
Undergraduate College name and location (City/State)		
Last full year attended (Circle one) 1 2 3 4	Certificate/Degree	Major
Graduate College (or other) name and location (City/State)		
Last full year attended (Circle one) 1 2 3 4	Certificate/Degree	Major
Account here for any time lapse in your employment or education record		
List any additional experiences, special skills, or qualifications you feel are applicable to the position for which you are applying?		
Do you have any professional licenses? __Yes __No	If yes, please list here:	

This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application. In accordance with federal, state, and local equal opportunity laws, APTS will consider all qualified candidates without regard to race, color, national origin, sex, age, physical or mental handicap, marital status, veteran status, or other protected characteristics.

Professional References		
<i>List people familiar with your ability. If possible, list at least one person from your most recent place of employment.</i>		
Name of reference	Title of reference	Working relationship
Company	City	State
Reference's telephone number ()	Reference's email address:	
Name of reference	Title of reference	Working relationship
Company	City	State
Reference's telephone number ()	Reference's email address:	
Name of reference	Title of reference	Working relationship
Company	City	State
Reference's telephone number ()	Reference's email address:	

Agreement

I certify that all the information in my resume and employment application is true and complete, to the best of my knowledge. I authorize APTS to verify the information and to obtain reference information on my work performance. I release APTS from any and all liability, which may arise from obtaining and making an employment decision based on this application. I understand that if I am employed, false statements or the omission of facts requested on this application will be considered sufficient basis for dismissal. I understand that if an employment offer is extended to me and I accept, that I will fully adhere to the policies, rules, and regulations of APTS' program. However, I further understand that neither the policies, rules, nor regulations of employment or anything said during the interview process will constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and is "at will." I understand that this "at will" employment relationship will not be changed by any written document or by conduct unless an authorized representative of APTS specifically acknowledges such a change in writing. I also understand that either APTS or I may terminate my employment at any time.

Applicant signature

Date signed

Alternative Paths Training School Applicant's Authorization for the Release of Information

I consent to and authorize the former employers listed on my Employment Application and their agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information, and reason for separation of employment, relating to my employment with the former employer.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this authorization.

Applicant signature

Date signed

Alternative Paths Training School Applicant's Authorization for Information to Be Sought or Obtained

I consent to and authorize Alternative Paths Training School (APTS) and its agents and employees, to obtain in any manner any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information, and reason for separation of employment, relating to my employment with any former employer.

It is expressly understood that any information sought or obtained is to be used for the purpose of determining my acceptability for employment. I also hereby release APTS, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may which arise or result from any reference information sought or obtained pursuant to this authorization.

Applicant signature

Date signed