



Application Previously Employed Students



Personal Information:

Name (Last, First)		SSN	
Present Address			Zip
Permanent Address APU Box Number ()		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: \$ /
Department	Supervisor	Phone #
<input type="checkbox"/> Current APU Student Employee <input type="checkbox"/> Current APU Staff/Faculty <input type="checkbox"/> Previously Employed at APU Dates		

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.

Student Signature

Date

For Supervisor Only

By my signature I confirm that I have offered this student the position applied for herein and authorize the Career Services Office to complete the hiring process..

Supervisor's Signature

Date

NOTE:

Supervisor: Return this form to Career Services if the student is hired. Hiring paperwork will be initiated by Career Services, upon receipt of Application signed by both Student and Supervisor.

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: _____