



Adult Learning Programs
of Alaska

724 27th Ave. Suite 2,
Fairbanks, AK 99701

(907)452-6434

Fax (907)451-6598

Application for Employment

ALPA is a non-profit 501 (c)(3) tax exempt educational organization.

A resume must accompany this application. Please type or print in black ink.

Job Title Applied for: _____ Date: _____

Name (Last, First, MI): _____

Mailing Address: _____

Email: _____ Telephone: (____) _____ - _____ City _____ State _____ Zip + 4 (9 digits.) _____ Cell: (____) _____ - _____

Do you have a legal right to accept employment in the US?----- Yes No

How did you learn of this job? _____

Have you ever had an association with ALPA before?

Check all that apply:

Applicant Date(s): _____

Student/Client: Date(s): _____

Employee Date(s): _____

Have you attached a resume?----- Yes No

Have you ever been convicted of a felony?----- Yes No

Have you been convicted of a misdemeanor in the last five years?----- Yes No

Do you presently have charges pending against you for a felony or misdemeanor?-- Yes No

If you answered "yes" to any of the last 3 questions above, please explain on a separate attachment.

Education and Training

Did you graduate from high school?----- Yes No Do you have a GED?----- Yes No

	Name and Location of school	Dates Attended	Degree Type and Year Received	Major Field of Study
College or University				
College or University				
Technical or Vocational				
Technical or Vocational				

<h2 style="margin: 0;">Training/Licensing & Certificates</h2>

Describe any other relevant training you have. Give dates, locations, and the organization sponsoring the training.

List Current professional licenses, certificates, or memberships in professional organizations.

Are you CPR/First Aid certified? Yes No When does it expire? _____

Do you have a current TB test? Yes No When does it expire? _____

Have you served in the Armed Forces? Yes No What branch of service? _____

Were you honorably discharged, retired, dishonorably discharged, etc? _____

Employment History

List all positions held in the last 10 years, beginning with the most recent. If you provide this work history in resume format, be sure to include the information requested below. If you were not employed, report your circumstances for the last 3 years (address, school, etc.)

1	Employer		Dates Employed From (Mo/Yr)	To (Mo/Yr)
	Address		Monthly Salary or Hourly Wage Starting:	Leaving:
	Supervisors Name	Supervisors Title	Reason For Leaving:	
	Job Title	Nature of work performed		
	Duties			
2	Employer		Dates Employed From (Mo/Yr)	To (Mo/Yr)
	Address		Monthly Salary or Hourly Wage Starting:	Leaving:
	Supervisors Name	Supervisors Title	Reason For Leaving:	
	Job Title	Nature of work performed		
	Duties			
3	Employer		Dates Employed From (Mo/Yr)	To (Mo/Yr)
	Address		Monthly Salary or Hourly Wage Starting:	Leaving:
	Supervisors Name	Supervisors Title	Reason For Leaving:	
	Job Title	Nature of work performed		
	Duties			
4	Employer		Dates Employed From (Mo/Yr)	To (Mo/Yr)
	Address		Monthly Salary or Hourly Wage Starting:	Leaving:
	Supervisors Name	Supervisors Title	Reason For Leaving:	
	Job Title	Nature of work performed		
	Duties			
5	Employer		Dates Employed From (Mo/Yr)	To (Mo/Yr)
	Address		Monthly Salary or Hourly Wage Starting:	Leaving:
	Supervisors Name	Supervisors Title	Reason For Leaving:	
	Job Title	Nature of work performed		
	Duties			

References

List five professional references, other than relative, who have direct knowledge of your work experience and abilities. At least one should be a previous supervisor.

Name	Address (City, State, Zip)	Phone Number

ALPA is an Equal Opportunity Employer, Applicants, for all positions, are considered without regard to race; color; religion; sex; national origin; or to the extent provided by law, age, marital status, pregnancy, medical condition, or physical disability. This is in accordance with the civil rights Act of 1964, Title VII, and Executive Order 11246.

ALPA will afford reasonable accommodations to qualified applicants and employees with a known disability.

All Applicants must read this section and sign below:

Nothing contained in this application, or any other Adult Learning Programs of Alaska (ALPA) documentation, and nothing said to me in any interview shall be construed to be a contract between the employer and myself, or to establish /create such a contract. I understand that no representative of ALPA, other than an authorized officer, has the authority to make any assurances which are different form or in addition to the statements made in the ALPA Personnel Policies. I further understand that any such assurances must be in writhing and signed by an authorized officer in order to be valid and binding on ALPA.

I am applying for a job with a company which retains the absolute right to terminate any employee, at any time, with or without notice and with or without cause.

I certify that the contents of this form and information provided with it are true, accurate, and complete. I understand that it is grounds for immediate termination if the information provided is not true, accurate, or complete. I authorize ALPA to contact persons listed as references and I understand that ALPA may contact others to verify information contained here.

Signature: _____ Date: _____

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(Please read the following statements, sign below, and return to the Human Resources Office.)

I, _____, hereby authorize any investigator or duly accredited representative of **Adult Learning Programs of Alaska** bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information release is for official use by **Adult Learning Programs of Alaska** and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicants Signature

Date