

Athlos Leadership Academy

Brooklyn Park, Minnesota



~ **Balancing Mind & Body** ~

APPLICATION FOR EMPLOYMENT

Thank you for your interest in Athlos Leadership Academy. As part of our employment process, we require all applicants to complete this Employment Application, regardless of whether a resume is submitted. This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability. Please print your answers in ink and answer each question completely. If a question is not applicable to you, please place “N/A” in the space provided. If additional space is necessary, feel free to use the back page or additional paper.

Athlos Leadership Academy is an Equal Opportunity Employer. Applicants are considered for positions without regard to race, religion, color, sex, national origin, age, disability or handicap, marital status, sexual orientation, citizenship status, or status as a disabled veteran or veteran of the Vietnam era.

Federal law requires that all employers verify the identity and employment eligibility of all persons hired to work in the United States. We use E-verify to provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee’s Form I-9 to confirm work authorization. If the Government cannot confirm an employee hired by the school is authorized to work, this employer will provide the employee with written instructions and an opportunity to contact the SSA and/or DHS before taking adverse action, including termination.

Athlos Leadership Academy will not use E-Verify to pre-screen job applicants and will not limit or influence the choice of documents that may be presented for use on the Form I-9.

FOR OFFICE USE ONLY Date Received: _____ Interview Date: _____ Position If Hired: _____
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TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, Athlos Leadership Academy is required to inform you of your rights as they relate to the private or confidential information collected from you.

Private or confidential data is information that is available to you, but not to the public. The private or confidential data supplied by you will be used to determine your eligibility for employment with Athlos Leadership Academy. If you are hired, the data will be placed in your personnel file and used for payroll and other record-keeping purposes.

Furnishing your social security number, date of birth (unless one of the requirements of the position is that the applicant be of a minimum age) sex, age group, marital status, race, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered. The private data supplied by you is available only to you, Athlos Leadership Academy employees and officials whose job duties require review of the data, and other individuals and agencies as provided by state and federal law who have a bona fide need for the data.

Except for race, sex, age, marital status, and disability data, the information you provide to us about yourself is needed to identify you and to assist the Athlos Leadership Academy in determining your suitability for the position for which you are applying. Race, sex, age, marital status, and disability data are used in summary form by Athlos to monitor protected class employment and to meet federal, state, and local reporting requirements.

Have you ever used or been known by another name? If so please state:

DOB: _____

Driver's License Number: _____

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Applicant's Signature

PERSONAL

Name _____ Social Security No. _____

Present Address: _____

Street City State Zip
How long have you lived at this present address? _____ Tel. No. () _____

Email: _____ Cell No. () _____

Previous Address: _____

Street City State Zip
How long did you live at this address? _____

Have you ever been employed or attended school using another name? _____ Yes _____ No

If yes, list the name(s): _____

Have you ever applied to, or worked for, Athlos Leadership Academy? _____ Yes _____ No

If yes, explain:

POSITION

This application will be considered active for 60 days and will be retained for 1 year. If you have not been employed during this period and are still interested in employment with Athlos Leadership Academy, please contact where you applied and request your application reactivated.

Position applied for: _____

Availability: Full Time _____ Part Time _____

If Part time, what are the hours/days you are available?

If hired, what date would you be available to begin work? _____

Salary expectations \$ _____

How did you hear about Athlos Leadership Academy?

() Current Employee () Newspaper Ad () ALA Website () Online Advertisement

() Other – Please Explain:

PHYSICAL DATA

After reviewing the job description for the position that you are applying for, do you have any physical limitations that preclude you from performing any work you are being considered for?

Yes _____ No _____

If yes, please describe _____

EDUCATION

Circle Highest Year Completed	Course Completion	Major	School Name	City, State	Grade Average
High School 9 10 11 12	Did you Graduate? Yes No				
College 1 2 3 4	Degree & Date Received				_____ Out of a possible
Other					

Explain any additional schooling or specialized training not covered above:

Professional Certificates or Licenses (e.g. Teaching, Social Work, Early Childhood, Business, etc.):

ADMINISTRATIVE SKILLS

Typing/Keyboarding _____ wpm

List software packages where applicable:

Word Processing: _____

Spreadsheet: _____

Graphics: _____

Accounting Packages: _____

TECHNICAL SKILLS

Hardware: _____

Applications:

Certifications:

STRENGTHS AND ACHIEVEMENTS

Describe your strengths or special skills:

List any activities, honors, awards and/or achievements you wish to provide:

EMPLOYMENT HISTORY

List your work history beginning with the present. Feel free to use the back page or additional paper. Include 1) all full-time jobs, 2) all part-time jobs, 3) all periods of self-employment and 4) all periods of U.S. military service.

Employer:	Telephone #	Mo/Yr to Mo/Yr
Address (street, city, state, zip):		Supervisor (name/title):
		Starting base salary:
		Final (or current) base salary:
Why did you (or do you want to) leave?		

Employer:	Telephone #	Mo/Yr to Mo/Yr
Address (street, city, state, zip):		Supervisor (name/title):
		Starting base salary:
		Final (or current) base salary:
Why did you (or do you want to) leave?		

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Address (street, city, state, zip):		Supervisor (name/title):
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Employer:	Telephone #	Mo/Yr to Mo/Yr
Address (street, city, state, zip):		Supervisor (name/title):
		Starting base salary:
		Final (or current) base salary:
Why did you (or do you want to) leave?		

GENERAL

Are you under any obligation (e.g. confidentiality or non-compete agreement) to a current employer which may restrict your ability to accept employment at Athlos Leadership Academy?

_____ Yes _____ No If yes, explain: _____

Do you expect to retain a financial interest in any business, or employment in another position, that may conflict with your employment at Athlos Leadership Academy?

_____ Yes _____ No If yes, explain: _____

If hired, can you furnish proof that you are legally entitled to work in the U.S. ___ Yes ___ No

Are you 18 years of age or older? ___ Yes ___ No

Do you own a car? _____

BUSINESS REFERENCES

If you chose to provide this information at this time, list the requested data on three persons (not related to you) in business or a profession who you have known you for more than one year and to whom we may refer.

Name	Title	Daytime Phone	Business Address



~ Balancing Mind & Body ~

Applicant – Please read and sign

I am applying for employment with Athlos Leadership Academy. I certify that the information provided on this application and any accompanying materials is true and complete to the best of my knowledge. I understand that any falsification or omission of information will be sufficient grounds for denial of employment or for dismissal if discovered at a later date. I understand that employment is conditioned upon verification of the information contained herein.

I authorize a thorough investigation of my past employment activities, and agree to cooperate in such an investigation. I authorize the listed employers, schools, and business references to give Athlos Leadership Academy (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have, personal or otherwise. I release from all liability or responsibility, and agree not to sue, all persons and companies requesting or supplying such information.

I authorize schools, credit bureaus and law enforcement agencies to supply information concerning my background. I understand that if any information herein is not true, my employment may be terminated.

I understand that under federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, for aliens, their legal authorization to work in the U.S. As a result, I understand that employment with Athlos Leadership Academy would be conditioned upon my ability to produce the required documentation within the time period required by law.

If I am employed by Athlos Leadership Academy I agree to learn and conform to Athlos Leadership Academy rules, regulations and code of conduct. I understand that the State of Minnesota is an employment-at-will State, which gives me the right to terminate my employment without notice at any time for any reason, and that Athlos Leadership Academy also retains this right.

Signature of Applicant

Date

Affirmative Action Program Applicant Information Form

Athlos Leadership Academy is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name: _____

Position applied for: _____ Date: _____

Section 2: Please check which apply

Ethnicity

- Not Hispanic/Latino
- Hispanic/Latino

Section 3: Please check all that apply (See following page for definitions)

Race	Gender	Veteran Status
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Eligible Veteran <p style="text-align: center;"><u>Other</u></p> <input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> I do not wish to Self-Identify Signature: _____		

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino (All Races) - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian or Other Pacific Islander - All persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam and all persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American (Not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

White - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Special Disabled Veteran

Defined as a veteran who is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (I) rated at 30% or more, or (ii) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 to have a serious employment disability, or a person who was discharged from active duty because of a service-connected disability.

Veteran of the Vietnam Era

Defined as a veteran who (a) served on active duty in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (b) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (c) was discharged or released from active duty for a service-connected disability if any part of his or her active duty was performed between August 5, 1964 and May 7, 1975.

Other Eligible Veteran

Defined as any veteran who served in a "war" declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

Athlos Leadership Academy
Background Investigative Report
Disclosure and Release of Information Authorization

Please answer all questions. I understand that intentionally submitting false or incomplete information is grounds for immediate dismissal or disqualification from employment. **Please print legibly.**

1) Legal Name: _____
 First Middle Last

2) Date of Birth: _____/_____/_____ 3) Social Security Number: _____ - _____ - _____

4) Please list all addresses of residence for the past seven years:

Current Home Address Street Apt City County State Zip

Past Home Address Street Apt City County State Zip

Past Home Address Street Apt City County State Zip

If you have additional residential addresses for the past seven years, please attach an additional sheet.

5) Have you used any other names in the past seven years? Yes _____ No _____

Name Used Dates Changed City State

Position Applying For: _____

*Please provide an email address as the background investigative report prepared on you will be sent electronically.

Email Address: _____

The above information is true and correct to the best of my knowledge. By signing below, I give Athlos Leadership Academy and their Agents permission to perform an investigation into my background. If hired, this authorization is valid for the duration of my employment.

Signature

Date

A Summary of Your Rights Under the Fair Credit Reporting Act

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. NW, Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment -or to take another adverse action against you -must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - o a person has taken adverse action against you because of information in your credit report;
 - o you are the victim of identity theft and place a fraud alert in your file;
 - o your file contains inaccurate information as a result of fraud;
 - o you are on public assistance;
 - o you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

Type of Business:	Contact
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center -FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator -GIPSA Washington, DC 20250 202-720-7051

*****Athlos Leadership Academy does not process consumer reporting checks. ALA conducts criminal background checks only.**