



 A-P-T RESEARCH, INC.

Employment Application



Employment Application

A-P-T Research, Inc.

ATTN: Human Resources

4950 Research Drive, Huntsville, AL 35805

E-mail: recruit@apt-research.com

Telephone: (256) 327-3408 Ext. 4011; Fax: (256) 837-7786

Please provide all of the following information, unless included in a provided resume.

Add additional lines and/or pages as needed.

Today's Date:		Who referred you to APT?	
Position Desired (Be specific):			

Applicant Data

Full Name (Last, First, Middle Initial):			
Phone:		Mobile/Other:	
E-mail:			
Present Address:			
City:		State:	Zip:
County:		How long have you lived at this address?	
Previous Address:			
City:		State:	Zip:
County:		How long did you live at this address?	
Date Available to Start:			
Social Security # (not needed):		Salary Desired:	
If you are under the age of 18, provide date of birth:			
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you provide the necessary information to prove your eligibility to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been convicted of a criminal offense other than minor traffic violations?

Yes No

If yes, explain below (conviction does not automatically disqualify you from further consideration).

College Information

Name of College:			
Location:			
Number of Years Attended:			
Major:		Diploma or Degree:	
Grade Point Average:		Grading System:	

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Graduate School Information

Name of Graduate School:			
Location:			
Number of Years Attended:			
Major:		Diploma or Degree:	
Grade Point Average:		Grading System:	

Other Educational Background Information

Name:			
Location:			
Number of Years Attended:			
Major:		Diploma or Degree:	
Grade Point Average:		Grading System:	

Special study courses (research, technical, correspondence, seminar, thesis, etc.):

Activities, awards, honors or special achievements:

Military

Reserve or National Guard Status:			
Branch of U.S. Service:			
Date of Entry:		Date of Separation:	
Rank at Discharge:		Type of Discharge:	
Military Service Schools Attended:			

Employment History

Please provide a recent paystub or W-2 Form for salary verification.

Please complete in detail, starting with your present or most recent employer.

Account for all time within the last ten year period.

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Company:			
Nature of Company's Business:			
Phone:			
Address:			
City:		State:	Zip:
Duties and Responsibilities:			
Reason for Leaving:			
Dates of Employment (Month/Year): From: To:			
Job Title:			
Starting Salary:			
Present/Final Salary (verifiable by recent pay stub):			
Supervisor's Name/Position:			

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Special skills or experience not covered above (include office and factory machines you can operate, precision tools and instruments used, apprenticeships, etc.).

Security Clearances

Do you have now, or have you ever had, a security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what level(s) and through what agency (Department of Defense, other)?
If you do not have a clearance, would you anticipate difficulty obtaining one? <input type="checkbox"/> Yes <input type="checkbox"/> No

Professional memberships, patents, publications and other recognition:

Special Interests and Hobbies:

References

(You must list at least three references other than relatives.)

(1) Name:					
Phone:		Mobile/Other:			
Address:					
City:		State:		Zip:	
Occupation:		Time known:			

(2) Name:					
Phone:		Mobile/Other:			
Address:					
City:		State:		Zip:	
Occupation:		Time known:			

(3) Name:					
Phone:		Mobile/Other:			
Address:					
City:		State:		Zip:	
Occupation:		Time known:			

Please Read Carefully Before Signing

I hereby affirm that either the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of A-P-T Research, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an authorized officer of the Company. Both the undersigned and A-P-T Research, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that the Company has a drug and alcohol policy and that consent to and compliance with such policy is a condition of my employment. I further understand that continued employment may be based on the consent to the company's request for urine and/or blood specimens and release the company, its employees and agents from liability arising from the collection and testing process and employment decision.

I understand that certain positions within the Company require a security clearance. Failure to obtain and maintain a security clearance could be cause for termination.

APT Research, Inc. is an equal employment opportunity employer and does not discriminate. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Signature of applicant: _____

Date: _____