

# APPLICATION for EMPLOYMENT



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

(PLEASE PRINT IN INK)

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Application</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number</b>	<b>Cell Phone Number</b>	<b>Email Address</b>	
<b>Position(s) for which you are applying:</b>			<b>Office Location:</b>
<b>Available for</b> ( <i>check all that apply</i> ) . . . . . <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On-Call <input type="checkbox"/> Temporary/Seasonal Will you work overtime if job required? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No Will you travel if job requires it? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>How Did You Hear About Us?</b>			
<input type="checkbox"/> Advertisement: _____ <input type="checkbox"/> Employee: _____ <input type="checkbox"/> Staffing Agency: _____ <input type="checkbox"/> Website: _____ <input type="checkbox"/> Job Fair: _____ <input type="checkbox"/> Other: _____			

**On what date would you be available to begin work?** \_\_\_\_\_

**Salary or rate of pay desired if employed? \$\_\_\_\_\_ per \_\_\_\_\_**

**Are you legally eligible to work in the United States?** . . . . . YES [  ] NO [  ]  
*(Proof of eligibility will be required upon offer of employment)*

**Are you 18 years of age or older?** (*If no, you may be required to provide authorization*) . . . . . YES [  ] NO [  ]

**Have you ever applied to Universal before?** *If yes, please give date* \_\_\_\_\_ YES [  ] NO [  ]

**Have you ever worked for Universal before?** *If yes, please give date* \_\_\_\_\_ YES [  ] NO [  ]

**Have you ever been excluded or debarred from participating in Federal Health Care Programs?** *If yes, please explain:* \_\_\_\_\_ YES [  ] NO [  ]

**Do you have a record of founded child or dependent adult abuse in this state or any other state?** *If yes, please explain:* \_\_\_\_\_ YES [  ] NO [  ]

**Have you ever been convicted of a felony in this state or any other state or are there any criminal charges pending against you?** (*"YES" does not automatically eliminate you from consideration*) *If yes, please explain:* \_\_\_\_\_ YES [  ] NO [  ]

**FOR DRIVING POSITIONS ONLY:**

Do you have a valid driver's license? . . . . . YES [  ] NO [  ]

Have you been convicted of any moving violations in the last 7 years? . . . . . YES [  ] NO [  ]

**EMPLOYMENT HISTORY - *May we check reference with your current employer?*** [ ]YES [ ]NO  
 Begin with current or most recent employer.

<b><u>COMPANY NAME:</u></b>	<b><u>Employment Dates:</u></b> month/yr      month/yr to	<b><u>Starting Salary</u></b> \$	<b><u>Name of Supervisor:</u></b>
Address:	Position(s) held:	Ending Salary \$	Phone:
City:			Fax:
State:	Why did you leave?		
Zip:	What did you like most about position?		
	What did you like least about position?		

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Zip:	What did you like most about position?		
	What did you like least about position?		

<b>EDUCATION HISTORY</b> Starting with most recent school:	<b>Address / Phone of Registrar</b>	<b>Major</b>	<b>Highest Level Achieved</b> (HS diploma, GED, AA, BD, MD, PHD, other)

List license, registration, certifications currently held and/or skills relevant to this position: \_\_\_\_\_

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? \_\_\_\_\_

**PROFESSIONAL REFERENCES** - List three persons not related to you or named above as a supervisor who can attest to your professional work performance.

Name	Title / Business	Email	Phone	# Yrs Known

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION STATEMENT**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is true, complete and correct. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment based on the protected classifications of: age, race, color, national origin, religion, sex, family status, veteran status, disability, gender identity, genetic information; and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

**BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.**

\_\_\_\_\_  
**Applicant Signature**
**Date**