

Application for Employment

INSTRUCTIONS: We appreciate your interest in Una-Lam. We consider applicants for all positions without regard to race, color, religion, creed, age, sex, sexual orientation, disability, genetic predisposition or carrier status, marital status, national origin, U.S. Military service or arrest/conviction records.

Date of Application:		Position Applied For:	
How did you learn about us? <input type="checkbox"/> Online Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other			
First Name:		Last Name:	
Street Address:			
City:		State:	Zip Code:
Phone: ()		Email:	
Any other name(s) under which you have been previously employed or under which school records would be located:			
Names of friends and relatives employed at Una-Lam:			
If you are under 18 years of age, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date:			
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date:			
Are you a citizen of the U.S. or do you have a valid work permit? <small>(Proof of citizenship or immigration status will be required upon employment)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you work consistently and arrive to work on time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
On what date would you be available to work?			
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Can you work overtime, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are there limitations? Explain:			
Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list dates of offenses and dispositions:			
Have you ever received training in the US military related to the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe:			

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude voluntary work that indicates race, color, religion, gender, national origin, handicap or other protected status. Please account for all time for at least the past five years.

Employer/Company Name:		
Street Address:		
City:	State:	Zip Code:
Phone: ()	Job Title:	
Supervisor:	Reason for leaving:	
Date Employed: From: To:	Hourly Rate/Salary: Starting:	Final:
Work Performed:		
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide contact information:		

Employer/Company Name:		
Street Address:		
City:	State:	Zip Code:
Phone: ()	Job Title:	
Supervisor:	Reason for leaving:	
Date Employed: From: To:	Hourly Rate/Salary: Starting:	Final:
Work Performed:		
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide contact information:		

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Street Address:		
City:	State:	Zip Code:
Phone: ()	Job Title:	
Supervisor:	Reason for leaving:	
Date Employed: From: To:	Hourly Rate/Salary: Starting:	Final:
Work Performed:		
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide contact information:		

Education

	Elementary School	High School	Undergraduate College	Graduate/Professional
School Name and Location:				
Years Completed:	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree:				
Describe Course of Study:				

Additional Information

Please complete the items below that are relevant to your ability to perform the position for which you are applying.

Describe any specialized training, apprenticeship, skills and extra-curricular activities:
Describe any honors you have achieved:
State any additional information you feel may be helpful to us in considering your application:
Extra-curricular Activities: List professional, trade, business or civic activities and offices or licenses held if relevant to the position for which you are applying. You may exclude memberships that would reveal sex, race, religion, age, ancestry, handicap or other protected status.
Special Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

References

Give name, address and telephone number of three references who are qualified to evaluate your capabilities and who are not related to you and are not previous employers.

(1) Name:	Address:
	Phone: ()
(2) Name:	Address:
	Phone: ()
(3) Name:	Address:
	Phone: ()

Application Statement

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal of an offer of employment, or if subsequent to employment, may result in dismissal.

I understand this employment application is not to be construed as a guarantee of employment. I further understand that, should I become employed, my employment with the organization does not constitute any form of contract, implied or expressed, and such employment may be terminated at will either by myself or my employer upon notice of one party to the other.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. You may use this authority to check references with former employers I have listed, unless otherwise indicated, as well as personal references listed.

Yes, I agree with the above statement.

Signature: _____ Date: _____