



# APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER ALL APPLICANTS FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, CITIZENSHIP, DISABILITY, GENETIC INFORMATION, VETERANS STATUS, UNIFORMED SERVICEMEMBER STATUS OR ANY OTHER LEGALLY PROTECTED STATUS. INDIVIDUALS WHO NEED ASSISTANCE WITH ANY PHASE OF THE APPLICATION PROCESS SHOULD NOTIFY THE PERSON WHO GAVE THEM THE APPLICATION TO REQUEST A REASONABLE ACCOMMODATION.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

<b>GENERAL</b>	LAST NAME		FIRST NAME		MIDDLE INITIAL(S)		DATE OF APPLICATION				
	ADDRESS		STREET		CITY		STATE ZIP				
	HOME TELEPHONE NUMBER			CELL PHONE NUMBER			E-MAIL ADDRESS				
	POSITION APPLYING FOR				DATE AVAILABLE TO START WORK						
	WHAT IS YOUR DESIRED SALARY RANGE?				ARE YOU WILLING TO TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?				<input type="checkbox"/> YES <input type="checkbox"/> NO						
	IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?				<input type="checkbox"/> YES <input type="checkbox"/> NO						
	MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				MAY WE CONTACT YOUR FORMER EMPLOYER(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FROM UNITED FOR AN IMMIGRATION-RELATED EMPLOYMENT BENEFIT? (Please ask us if you are uncertain whether you may need immigration sponsorship or desire clarification.) <input type="checkbox"/> YES <input type="checkbox"/> NO										
	ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (PLEASE CIRCLE: MORNINGS AFTERNOON EVENINGS) <input type="checkbox"/> TEMPORARY (PLEASE INDICATE DATES AVAILABLE: __ / __ / __ - __ / __ / __)										
HAVE YOU EVER WORKED AT UNITED BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO					IF YES, WHO WAS YOUR SUPERVISOR?						
DATES											
<b>EDUCATION</b>	NAME AND ADDRESS OF SCHOOL		COURSE OF STUDY		YEARS COMPLETED		DID YOU GRADUATE?		DEGREE RECEIVED	GPA	
	HIGH SCHOOL (or G.E.D. equivalent)				9, 10, 11, 12 G.E.D.		<input type="checkbox"/> YES <input type="checkbox"/> NO				
	UNDERGRADUATE COLLEGE				1, 2, 3, 4, 5		<input type="checkbox"/> YES <input type="checkbox"/> NO				
	GRADUATE SCHOOL				1, 2, 3, 4, 5, 6		<input type="checkbox"/> YES <input type="checkbox"/> NO				
	OTHER						<input type="checkbox"/> YES <input type="checkbox"/> NO				
	DO YOU PLAN TO CONTINUE YOUR EDUCATION?			WHAT SUBJECTS							
	WHERE								WHEN		

**START WITH LAST POSITION AND WORK BACKWARD**

If you need more space, use a separate sheet of paper. **DO NOT ANSWER "SEE RESUME."**

<b>EMPLOYMENT</b>	1. COMPANY NAME	FROM	TO
	ADDRESS/PHONE		
	JOB TITLE	SUPERVISOR'S NAME/TITLE	
	DESCRIPTION OF JOB DUTIES		
	REASON FOR LEAVING		
	2. COMPANY NAME	FROM	TO
	ADDRESS/PHONE		
	JOB TITLE	SUPERVISOR'S NAME/TITLE	
	DESCRIPTION OF JOB DUTIES		
	REASON FOR LEAVING		
	3. COMPANY NAME	FROM	TO
	ADDRESS/PHONE		
	JOB TITLE	SUPERVISOR'S NAME/TITLE	
	DESCRIPTION OF JOB DUTIES		
	REASON FOR LEAVING		
	4. COMPANY NAME	FROM	TO
	ADDRESS/PHONE		
	JOB TITLE	SUPERVISOR'S NAME/TITLE	
	DESCRIPTION OF JOB DUTIES		
	REASON FOR LEAVING		

<b>MEMBERSHIPS</b>	LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ORGANIZATIONS, WHICH ARE APPLICABLE TO THE JOB FOR WHICH YOU ARE APPLYING. <i>You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i>

<b>LICENSES AND CERTIFICATIONS</b>	LIST ANY LICENSES AND/OR CERTIFICATIONS YOU HAVE THAT MAY BE APPLICABLE TO THE JOB APPLIED FOR. INCLUDE LICENSE/CERTIFICATION NUMBERS, DATES ISSUED, AND EXPIRATION DATES IF APPLICABLE. IF ANY OF YOUR LICENSES/CERTIFICATIONS ARE CURRENTLY OR HAVE EVER BEEN REVOKED OR SUSPENDED, INCLUDE THE REASON(S) WHY.

<b>REFERENCES</b>	<b>PROFESSIONAL REFERENCES (PERSONS OTHER THAN RELATIVES WHO ARE FAMILIAR WITH YOUR WORK)</b>		
	NAME	E-MAIL	PHONE
		YEARS KNOWN	RELATIONSHIP
	NAME	E-MAIL	PHONE
		YEARS KNOWN	RELATIONSHIP
	NAME	E-MAIL	PHONE
		YEARS KNOWN	RELATIONSHIP
	NAME	E-MAIL	PHONE
		YEARS KNOWN	RELATIONSHIP

<b>MISCELLANEOUS</b>	Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain circumstances (use a separate sheet of paper if necessary):
	Referred by:
	Do you have any commitments to any other employer which could affect your employment if hired (for example, an employment agreement, a non-competition or non-solicitation agreement, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, explain (use a separate sheet of paper if necessary):

**PLEASE READ CAREFULLY BEFORE SIGNING**

**Acknowledgement of At-Will Employment**

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.**

**IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL UNLESS SUCH AGREEMENT IS SIGNED BY THE PRESIDENT OF THE COMPANY.**

**Authorization for Release of Employment and Educational Information**

I authorize the Company and/or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking, to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law.

**I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER (INCLUDING ANY AND ALL PRIOR EMPLOYERS OF MINE) TO FURNISH INFORMATION REGARDING MY PREVIOUS EMPLOYMENT HISTORY AND/OR ANY OF THE ABOVE-MENTIONED INFORMATION.** I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing such information.

**I-9 and Employment Documentation**

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and federal immigration laws require me to complete an I-9 Form in this regard.

**Truth and Completeness Of Application**

I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application may disqualify me from employment, or may result in disciplinary action up to and including termination.

**Criminal History**

I certify that I have received a separate written notification that the Company may obtain consumer reports (for example, criminal history, driving records, etc.) on me for use in connection with my Application and, if I am hired, my employment, unless otherwise prohibited by state, local, or federal law.

**Drug and Alcohol Testing**

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) unlawful drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of unlawful drugs or alcohol. If employed, I understand that the taking of alcohol and/or drug testing is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

**APPLICANT CERTIFICATION**

**State-Specific Notices**

**FOR CALIFORNIA APPLICANTS ONLY:** BY CHECKING THIS BOX, I WAIVE MY RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD OBTAINED BY THE COMPANY FOR EMPLOYMENT PURPOSES THROUGH AN INTERNAL INVESTIGATION.

**FOR MARYLAND APPLICANTS ONLY:** UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

I have read and understand the above statement.

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

**FOR MASSACHUSETTS APPLICANTS ONLY:** IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

**FOR RHODE ISLAND APPLICANTS ONLY:** THIS COMPANY IS SUBJECT TO THE WORKERS' COMPENSATION LAWS OF THE STATE OF RHODE ISLAND.

**ACKNOWLEDGEMENT AND SIGNATURE**

**I UNDERSTAND THIS APPLICATION WILL REMAIN ACTIVE FOR FORTY-FIVE (45) DAYS ONLY AND THAT MY APPLICATION CAN ONLY BE REACTIVATED BY REAPPLYING.**

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH OF THE ABOVE STATEMENTS AND AUTHORIZATIONS.**

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date