

# United Solutions Employment Application

Please provide only information requested. Any and all information given will be considered in decision for employment offer and may result in the rejection of your application.

Referred By \_\_\_\_\_ Today's Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

Day Phone #: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone #: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Other Phone #: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

Are you presently employed? No \_\_\_\_ Yes \_\_\_\_ May we contact your current employer? No \_\_\_\_ Yes \_\_\_\_

### EDUCATION

Name of last high school attended	Location	Circle last grade completed			
_____	_____	9	10	11	12

### COLLEGE OR TRADE SCHOOL

Name of school	Location	Degree/Certificate	Major
_____	_____	_____	_____

### CONTINUING EDUCATION OR SPECIAL TRAINING – please specify

### Certificates or Licenses

Can you legally work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you have any physical condition which could either limit your ability to perform the job applied for, or be aggravated by the job you have applied for? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 Are you taking medication at the present time that could limit your ability to perform the job for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you use tobacco? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you know of any reason why you cannot be bonded? Yes \_\_\_\_\_ No \_\_\_\_\_  
 What languages do you speak fluently? \_\_\_\_\_  
 Check the time(s) you are willing to work:  
 Days \_\_\_\_\_ Evenings \_\_\_\_\_  
 If only certain day(s) of week, specify \_\_\_\_\_  
 # of days per week \_\_\_\_\_ # of hours per day \_\_\_\_\_  
 Overtime \_\_\_\_\_  
 If offered employment, when can you start? \_\_\_\_\_

### PREVIOUS EMPLOYMENT

List present, or most recent position first. Resume may be substituted for employment history detail.

Employer	Your last name while employed
Address	Telephone #
Position	Supervisor
Description of your job	
Dates of employment	Salary at separation
Reason for leaving	

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<b>Address</b>	<b>Telephone #</b>
<b>Position</b>	<b>Supervisor</b>
<b>Description of your job</b>	
<b>Dates of employment</b>	<b>Salary at separation</b>
<b>Reason for leaving</b>	

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<b>Employer</b>	<b>Your last name while employed</b>
<b>Address</b>	<b>Telephone #</b>
<b>Position</b>	<b>Supervisor</b>
<b>Description of your job</b>	
<b>Dates of employment</b>	<b>Salary at separation</b>
<b>Reason for leaving</b>	

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**In addition to your work experience what other experience, skills or qualifications would especially prepare you to work with United Solutions?**

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**By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including a failure to disclose requested information, may result in my discharge.**

**I understand that I may be required to pass a physical examination, including a drug test, before a final offer of employment is made. By signing my name below, I consent to these procedures.**

**I understand that any employment relationship with this United Solutions is “at will,” which means that the employee may resign at any time and that United Solutions may discharge the employee at any time, with or without cause.**

**I further understand that any controversy or claim arising out of or relating to this (contract), or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association under its National Rules for the Resolution of Employment Disputes, and judgment upon the award rendered by the arbitrator(s) may be entered by any court having jurisdiction thereof.**

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**Applicant’s Printed Name**

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**Printed Name of Person Accepting  
This Application**

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**Applicant’s Signature**

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**Signature of Person Accepting  
This Application**