



EMPLOYMENT APPLICATION

All questions must be answered in full for application to be valid. Write N/A or none where appropriate.

Name _____ Date _____
(Print) Last First Middle

Present Address _____ How long have you lived there? _____
Street and Number City State Zip

Mailing Address _____ Telephone Number _____
Street and Number City State Zip

Social Security Number _____ Desired position _____

If employed, can you submit verification of your legal right to work in the U.S.? Yes No

Have you ever worked for Unique before? Yes No If Yes, please give date(s) and position: _____

If hired, can you provide proof you are 18 years of age or older? Yes No

Have you ever been convicted or pled guilty, no contest or nolo contendere, or received deferred adjudication, pre-trial diversion or probation for a crime or violation other than a minor traffic infraction? Yes No

If Yes, dates/explain: _____

(Note: Answering yes will not necessarily disqualify an applicant from consideration for employment.)

Have you ever been terminated or asked to resign from any job? Yes No

If Yes, please explain circumstances: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying: _____

How many days of work have you missed in the last 12 months due to reasons other than paid holidays and vacation? _____

DAYS AND HOURS AVAILABLE TO WORK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary)

	<u>EMPLOYED</u>	<u>PAY</u>	<u>Your Title or Position</u>	<u>Exact Reason for Leaving</u>
Present or Last Employer	From (mo/yr)	Start \$	Name and Title of Last Supervisor	
Address	To (mo/yr)	Final \$		
City, State, Zip Code				
Telephone				

RECORD OF PREVIOUS EMPLOYMENT CONTINUED

_____ Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone	<u>EMPLOYED</u> _____ From (mo/yr) _____ To (mo/yr)	<u>PAY</u> _____ Start \$ _____ Final \$	<u>Your Title or Position</u> _____ Name and Title of Last Supervisor	<u>Exact Reason for Leaving</u> _____ _____ _____
_____ Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone	<u>EMPLOYED</u> _____ From (mo/yr) _____ To (mo/yr)	<u>PAY</u> _____ Start \$ _____ Final \$	<u>Your Title or Position</u> _____ Name and Title of Last Supervisor	<u>Exact Reason for Leaving</u> _____ _____ _____
_____ Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone	<u>EMPLOYED</u> _____ From (mo/yr) _____ To (mo/yr)	<u>PAY</u> _____ Start \$ _____ Final \$	<u>Your Title or Position</u> _____ Name and Title of Last Supervisor	<u>Exact Reason for Leaving</u> _____ _____ _____

EDUCATION

SCHOOL NAME	YEARS COMPLETED (Circle)	DIPLOMA / DEGREE	DESCRIBE COURSE OF STUDY OR MAJOR	DESCRIBE SPECIALIZED TRAINING, EXPERIENCE, SKILLS AND EXTRA-CURRICULAR ACTIVITIES
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College / University:	1 2 3 4			
Graduate / Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

I certify that the information on this application is true and correct and authorize Unique to verify such information. I understand that my mistatement, false statement, omission or incomplete response on this application or at anytime during the selection process, including interviews, tests, etc., may be considered as sufficient reason for rejection of my application or for dismissal if discovered after my employment. I authorize any of the persons or organizations referenced in this application to give Unique any and all information concerning my previous employment, education, or criminal or credit background at anytime during my tenure of employment or any other information with regard to the subjects covered by this application, and I release all such parties from all liability from any damages or claims that may result for furnishing such information to Unique.

I understand that Unique is an at-will employer and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at anytime, at the option of the company or myself.

Applicant's Signature

Date