



Application for Employment

Personal Information:

Name _____

Phone # _____ Cell Phone # _____ Email _____

Present Address _____

Apartment No. _____ City _____ State _____ Zip Code _____

Permanent Address _____

Apartment No. _____ City _____ State _____ Zip Code _____

Previous Address (If less than 3 years) _____

Apartment No. _____ City _____ State _____ Zip Code _____

Emergency Contact (Name) _____ (Phone #) _____

Are you 18 years or older? Yes No

Are you legally authorized to work in the U.S.? Yes No

Desired Employment:

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? Yes No

If so, may we inquire your present employer? Yes No

Ever applied to this company before? Yes No Where? _____ When? _____

Reason for leaving _____

Name of last supervisor at this company _____

How did you find out about this position? _____

June 2020



Education:

High School

Name and Location _____

No. of years attended _____ Did you graduate? _____ Subjects studied _____

College

Name and Location _____

No. of years attended _____ Did you graduate? _____ Subjects studied _____

Trade, Business, or Correspondence School

Name and Location _____

No. of years attended _____ Did you graduate? _____ Subjects studied _____

General:

Subjects of special study or research work _____

Special training, certifications, licenses _____

Special skills, foreign languages, etc. _____

Former Employers:

Below, list your last three employers starting with the most recent.

Name of present or last employer _____

Address _____ City _____ State _____ Zip Code _____

Starting Date _____ Leaving Date _____ Job Title _____

June 2020



Starting Salary _____ Final Salary _____ May we contact your supervisor? Yes No

Name of supervisor _____ Title _____ Phone # _____

Description of work _____

Reason for leaving _____

Name of previous employer _____

Address _____ City _____ State _____ Zip Code _____

Starting Date _____ Leaving Date _____ Job Title _____

Starting Salary _____ Final Salary _____ May we contact your supervisor? Yes No

Name of supervisor _____ Title _____ Phone # _____

Description of work _____

Reason for leaving _____

Name of previous employer _____

Address _____ City _____ State _____ Zip Code _____

Starting Date _____ Leaving Date _____ Job Title _____

Starting Salary _____ Final Salary _____ May we contact your supervisor? Yes No

Name of supervisor _____ Title _____ Phone # _____

Description of work _____

Reason for leaving _____



References:

List four professional references whom we may contact.

- 1. Name _____ Address _____
Business Name _____ Phone # _____
- 2. Name _____ Address _____
Business Name _____ Phone # _____
- 3. Name _____ Address _____
Business Name _____ Phone # _____
- 4. Name _____ Address _____
Business Name _____ Phone # _____

Service Record:

Have you ever served in the U.S. armed forces? Yes No Branch of Service _____

Discharge Date _____ Rank _____

Have you ever been convicted of, plead guilty/no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)? Yes No

If so, explain: _____

(A convictional record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.)



Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.”

“I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.”

“I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

“This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature _____ Date _____



AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize Unity Dataflow Solutions, LLC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Unity Dataflow Solutions, LLC may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Applicant

Date

Applicant's Name – Printed

Driver License # & State



Authorization and Release of DMV Records

I understand that driving a Company vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow Unity Dataflow Solutions, LLC to check my driving record prior to hire and to check it periodically thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive a Unity Dataflow Solutions, LLC vehicle (or my own vehicle, if I am required to drive) after I am hired. I agree to obtain a Driver's license prior to hire if I do not already have one.

I understand that Unity Dataflow Solutions, LLC will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release Unity Dataflow Solutions, LLC, its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Signature of Applicant

Date

Applicant's Name – Printed

Driver License # & State