



THE UMAUMA EXPERIENCE

EMPLOYMENT APPLICATION

INSTRUCTIONS:

Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper, or the backside of this application, if you do not have enough room on this application. **PLEASE PRINT**, except for signature on last page of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

GENERAL INFORMATION:

Positions(s)
Applied For: _____

Today's
Date: _____

(mm/dd/yyyy)

Position
Desired: _____

Full-time, Part-time, Temporary, Other: _____

Date
Available: _____

(mm/dd/yyyy)

How were you referred
to Umauma
Experience. _____

(Last Name)

(First Name)

(Middle Name)

(Telephone Number)

(Residential Address)

(City)

(ST)

(Zip)

(Mailing address if different from above)

(City)

(ST)

(Zip)

Are you 18 years
of age or older? _____

Yes, No. *If no, please state your date of birth:* / /

If hired, can you furnish proof you are eligible to work in the U.S.? Yes, No

To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required within the 3 business days following your hire.

Have you ever applied here before? Yes, No *If yes, when?* _____
(mm/dd/yyyy)

Were you ever employed here? Yes, No *If yes, when?* _____
(mm/dd/yyyy)

Desired
Salary: \$ _____

An Equal Opportunity Employer

Umauma Experience. is fully committed to Equal Employment Opportunity and to attracting, retaining, developing and promoting the most qualified employees without regard to their race, gender (except where gender is a bona fide occupational qualification), color, religion, sexual orientation, national origin, age, genetic disposition, physical or mental disability, citizenship status, veteran status, or any other characteristic prohibited by federal, state or local law. We are dedicated to providing a work environment free from discrimination and harassment, and where employees are treated with respect and dignity. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. We offer reasonable accommodation during the employment process for individuals with disabilities: if you need assistance in the application or hiring process to accommodate a disability, you may request accommodation at any time.



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BACKGROUND INFORMATION:

Please note that background checks are performed; however, disclosure of a criminal record will not automatically disqualify you from employment. The nature of the offense, date, and the job for which you are applying will also be considered.

Have you ever been convicted of a misdemeanor or felony crime? Yes No **If yes, give details:** _____

Are you now or do you expect to be engaged in any other business or employment? Yes No **If yes, describe:** _____

Answer the following three questions ONLY if driving is required on the job for which you are applying:

Do you have a valid driver's license? Yes No License #: _____
State Issued: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No **If yes, give details:** _____



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EDUCATION RECORD:

HIGH SCHOOL		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(Name – last attended only) (City, ST.)	
COLLEGE OR UNIVERSITY		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(Name) (City, ST.)	
	(Major/Minor Fields of Study)	
GRADUATE SCHOOL		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(Name) (City, ST.)	
	(Fields of Study)	
OTHER: (E.G., BUSINESS TECHNICAL)		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(Name) (City, ST.)	
	(Fields of Study)	



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PREVIOUS EMPLOYMENT RECORD:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Please provide month and year for the past 10 years.

Employer's Name City, ST	Supervisor Name & Phone Number	Position(s)/Compensation	Reason for Leaving	Dates Employed

Are you presently employed? Yes *If yes, contact name and number:* _____
 No

May we contact the employers listed above? Yes *If no, which ones should we not contact:* _____
 No

Have you worked under any other names? Yes *If yes, give names:* _____
 No



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REFERENCES:

Name/Company	Title	Phone Number



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PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I understand that Umauma Experience. has a commitment to maintain an alcohol/drug-free workplace and may require a drug-screening test as a part of its selection and hiring process.

- I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body.
- If, after a second confirmatory test approved by MRO (Medical Review Officer), it is determined my specimen contains a controlled substance, or was altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn.
- I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment.

I hereby consent to a post-employment drug screen as a condition of being hired, or of my continued employment, if required.

- I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my dismissal.
- I understand that this application is not a contract, offer, or promise of employment and that if hired I will be an employee-at-will and able to resign at any time for any reason. This means that my employment can be terminated at any time, with or without cause, with or without notice, at either the option of the company or myself unless otherwise required by law.
- I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications.
- I understand that any investigation conducted may include requests for employment and educational history, credit/consumer reports, driving records, and criminal history.
- I authorize any persons, educational institutions, current and former employers, consumer reporting agencies, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so.
- I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I have read, understand, and by my signature consent to these statements.

(Applicant/Employee Name)

(Witness's Name)

(Signature)

(Date)

(Signature)

(Date)