



APPLICATION FOR EMPLOYMENT

Application is valid for 90 days. _____
(DATE)

This application form is intended for use in evaluating your qualification for employment. It is not an employment contract. You must answer all questions completely. Please be advised Uniserv is an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, national origin, ancestry, alienage or citizenship status, age, disability or handicap, sex, marital status, veteran status, sexual orientation, arrest record, or any characteristic protected by applicable federal, state or local laws. Uniserv will endeavor to make reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you require such assistance to complete this form, to participate in an interview or to perform your job, please let us know. Pursuant to the Immigration Reform Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment begins. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.

APPLICANT INFORMATION

NAME _____ **SOCIAL SECURITY NUMBER** _____ - _____ - _____
(FIRST) (MIDDLE) (LAST)

PRESENT ADDRESS _____
(STREET) (CITY) (STATE AND ZIP CODE)

PRESENT TELEPHONE NO. (_____) _____ **EMERGENCY / MESSAGE TELEPHONE NO.** (_____) _____
(AREA CODE/NUMBER) (AREA CODE/NUMBER)

HOURS DESIRED FULL TIME PART TIME DAY NIGHT DAY OR NIGHT

POSITION DESIRED _____ **REQUESTED SALARY** _____ **DATE AVAILABLE** _____

YES NO Are you under 18 years of age?
 YES NO Can you, after employment, verify that you have a legal right to work in the U.S.?
 YES NO Do you speak, read, or understand any languages other than English which could assist you in the performance of your work duties?
If so indicate the language: _____

YES NO Are there any physical conditions Uniserv should be aware of for your protection? If so please describe.

YES NO Have you ever been convicted of a felony that has not been deleted, sealed, impounded, or expunged? If you do not understand this question, or have doubts about whether you should answer "yes" please discuss it with the Uniserv Manager where you are applying before answering.
A felony conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the offense for which you were convicted, the circumstances surrounding the commission of the offense, and your subsequent rehabilitation:

YES NO Do you have any information regarding a change of name, use of an assumed name or nickname, necessary to enable us to check on your work record? If yes, please provide other names:

YES NO If you are required to operate a Company vehicle, or your own vehicle on Company business, do you have a valid driver's license? If so please provide:
License Number _____ State _____ Expiration Date _____

YES NO Do you have reliable means to get to work?

YES NO I have previously applied for a position with Uniserv. If yes, please indicate the date of your previous Application for Employment.

YES NO I have previously been employed by Uniserv. If yes, please indicate the dates of your previous service with Uniserv.
From _____ To _____

EMPLOYMENT HISTORY

Please list your employment history for the past five years (or at least three employers). Start with your present status and note any periods in which you were not employed.

EMPLOYER:	DATES OF EMPLOYMENT:	SALARY/WAGE:	
	FROM: TO:	START:	FINAL:
ADDRESS:	TELEPHONE:		
	()		
JOB TITLE:	IMMEDIATE SUPERVISOR:	MAY WE CONTACT?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
BASIC DUTIES:	REASON FOR TERMINATING:		

EMPLOYER:	DATES OF EMPLOYMENT:	SALARY/WAGE:	
	FROM: TO:	START:	FINAL:
ADDRESS:	TELEPHONE:		
	()		
JOB TITLE:	IMMEDIATE SUPERVISOR:	MAY WE CONTACT?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
BASIC DUTIES:	REASON FOR TERMINATING:		

EMPLOYER:	DATES OF EMPLOYMENT:	SALARY/WAGE:	
	FROM: TO:	START:	FINAL:
ADDRESS:	TELEPHONE:		
	()		
JOB TITLE:	IMMEDIATE SUPERVISOR:	MAY WE CONTACT?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
BASIC DUTIES:	REASON FOR TERMINATING:		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY; THEY CONSTITUTE THE CONDITIONS FOR EMPLOYMENT WITH UNISERV IF YOU ARE HIRED.

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete. I also certify the information contained in the accompanying resume, if any, are true, accurate, and complete and that any oral representations and/or answers provided to any Uniserv personnel have been completely truthful.

I understand any material misrepresentation and/or omission of any fact from this application, resume, or during any interview for employment will be cause for denial of employment, or if employed, cause for immediate dismissal.

I authorize Uniserv to contact all my employment references, end to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions I have attended. I hereby release Uniserv and all affiliated entities, as well as any person or institution that provides Uniserv with any information about me, from any and all liability whatsoever resulting from any such inquiry, investigation or communication. I understand that additional highly detailed background inquiries may be required as a condition of employment (a release authorization will be required upon employment - FORM UCRC-2007).

I understand Uniserv has committed to providing for its employees a drug & alcohol free workplace. If required by Uniserv, consistent with a collective bargaining agreement, if applicable, I agree to submit to a pre-employment drug & alcohol screening, and agree, if employed to submit to a periodic testing, and to execute such authorizations as may be required to provide release to Uniserv of all test results. If the results of these tests indicate a positive reaction I understand that I will be denied employment, and if employed, subject to established disciplinary procedure which may include termination.

If hired, I agree to abide by all of the rules and regulations of Uniserv. I understand and agree that nothing in this application shall constitute a contract or guarantee of employment for a specific period of time. I also understand that if employed, my employment may be terminated with or without cause, and with or without notice at any time, at the will of Uniserv or me, consistent with the terms of a collective bargaining agreement, if applicable.

I understand that Uniserv and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms and conditions of employment. If employed, I agree to abide by such policies and procedures as Uniserv publishes for employees.

I also understand that this application will be kept active for a period of 90 days after the date submitted. Thereafter, I will be required to complete a new application.

SIGNATURE OF APPLICANT

DATE