



APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Policy: It is the policy and practice of the company to abide by all anti-discrimination laws provided for by federal, state and local statutes and regulations. It is also the practice of the company to provide equal employment opportunities for all applicants and employees. It is also our policy and practice to hire, train, promote, compensate, and administer all employment practices without regard to race, color, religion, sex, national origin, age, marital status, medical condition, veteran status, sexual orientation, or disability unrelated to the ability to perform the essential functions of the job. The company is committed to complying with the Americans With Disabilities Act. If you believe that you have a reasonable accommodation in order to apply for or complete an application for employment due to the fact that you have a disability, please notify the company within three days of your application of your specific needs for a reasonable accommodation so that the company can assist you where appropriate. If the applicant requests an accommodation for purposes of completing the job application process, the company reserves the right to require the applicant to furnish documentation from an appropriate professional (e.g.; doctor, counselor) confirming that the applicant has a disability or concerning their functional limitations for which a reasonable accommodation exists.

UP requires background screening as part of our hiring process.

Please answer all the questions carefully and completely – Please print clearly

Personal Information			
Last Name:	First:	Middle	Date
Street Address:			Apt:
City:		State:	Zip Code:
How long have you lived at this address: (if less than 5 yrs. complete previous address below)			
Street Address:			Apt:
City:		State:	Zip Code:
Phone:		E-mail:	
Social Security No.		Date Available to Start:	

Are you 18 years of age or older?			
If hired, can you provide of legal age?			
If hired, will you be able to furnish proof of your legal right to reside and work in United States?			
Have you ever worked or attended school under another name?			
If yes, Name:			
Do you have a current driver's license?			
Position applying for:		Desired Salary:	
Are you available for part time or full time hours?		# of hours available:	
Have you previously been employed by us? If yes, when?		Have you filled out an application before? If yes, when?	
Do you have relatives working for us? If yes, who?		How did you learn about this job? Person who referred you?	
Please circle hours available to work: 9am-9pm 9am-4pm 4pm-9pm 9pm-9am			
Please circle days available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday			

Record of Education				
Type	Name and Location of School	Years Attended	Degree Awarded	Major Field
High School				
College				
Graduate				
Trade, Business, Correspondence				
Are you presently enrolled in school? If yes, name of school?			How many days/nights per week? Course completion Date:	

Military	
Have you ever served in the armed forces?	If yes, what branch? Highest Rank?
List duties in the service including special training:	

References (please do not list relatives)			
Name	Address	Phone No.	Occupation

Employment History		
Employer:	Position:	Supervisor:
Telephone:	Employment Dates:	to
Describe duties in detail:		
Reason for leaving:		
Pay Rate:		
Can we contact this employer?		

Employer:	Position:	Supervisor:
Telephone:	Employment Dates:	to
Describe duties in detail:		
Reason for leaving:		
Pay Rate:		
Can we contact this employer?		

Employer:	Position:	Supervisor:
Telephone:	Employment Dates:	to
Describe duties in detail:		
Reason for leaving:		
Pay Rate:		
Can we contact this employer?		

Employer:	Position:	Supervisor:
Telephone:	Employment Dates:	to
Describe duties in detail:		
Reason for leaving:		
Pay Rate:		
Can we contact this employer?		

<p>Agreement:</p> <p>I understand, agree and acknowledge that any employment relationship that may result from this application will be of an “at-will” nature only and that I may resign my position at any time and for any reason and that the company may terminate my employment at any time and for any reason with or without cause. No employee of this company has the authority to make any promises or arrangements with me that changes the “at-will” nature of any employment relationship that may result between myself and the company.</p> <p>In the event of my employment, I understand agree and acknowledge that:</p> <ul style="list-style-type: none"> • Any false, omitted or misleading information provided by me either in my resume or on this application or in interviews may result in my discharge at any time in the future • I am required to abide by all personnel policies, rules and regulations of the company • I authorize the investigation of all statements by the company and/or its agents contained in this application, my resume, or made during any interview as may be necessary in making any employment decision • This application will be considered active for a period of time not to exceed 6 months, and should I wish to be considered for employment beyond this time, I agree to submit an additional application • I certify that all the answers and information given herein are true and complete to the best of my knowledge <p>Applicant’s Initials:</p>
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Signature: _____ Date: _____



As required by Minnesota licensure, specifically, 4668.0020 subpart 6-8, all applicants and current employees must disclose information related to criminal convictions.

Please check the appropriate statement below:

_____ I have never been convicted of a crime.

_____ I have been convicted of a crime. (This doesn't include minor traffic violations)

If you have been convicted of a crime other than minor traffic violations, you must complete the following information.

1. Nature of the crime_____
2. Jurisdiction in which you were convicted_____
3. Date of the conviction_____
4. Penalty imposed. Include conditions of probation or conditional release and time periods of penalties_____
5. Name and address of probation/parole agent_____
6. Date of release from incarceration_____

Signature: _____ Date: _____