



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Equal Opportunity Employer. M/F/D/V

PLEASE PRINT

Position(s) applied for _____ Date of Application _____

How did you learn about us?

Monster Inquiry Website Employment Agency Relative Other _____

Last Name		First Name		Middle name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (voluntary)		

Best time to contact you at home is:_____AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you been convicted of a felony? If yes, explain, giving the nature of the offense, place and disposition. UP Safety will consider the age and nature of the offense, as well as any other relevant information. Yes No

Have you ever filed an application with us before..... Yes No
If yes, give date: _____

Have you ever been employed with us before..... Yes No
If yes, give date: _____

Do any of your friends or relatives, other than your Spouse, work at United Public Safety..... Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you able to perform with or without reasonable accommodation, all of the functions of the job for which you are applying? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status (*Proof of citizenship or immigration status will be required upon employment*)..... Yes No

Date available for work ____/____/____ What is your desired salary range?_____

Are you available for work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer 1	Dates Employed From ___/___/___ - ___/___/___		
	Hourly Rate/Salary Starting: _____ Final _____		
Address	Work Performed:		
Telephone Numbers			
Job Title			
Reason for Leaving			Supervisor
Employer 2			Dates Employed From ___/___/___ - ___/___/___
	Hourly Rate/Salary Starting: _____ Final _____		
Address	Work Performed:		
Telephone Numbers			
Job Title			
Reason for Leaving			Supervisor
Employer 3			Dates Employed From ___/___/___ - ___/___/___
	Hourly Rate/Salary Starting: _____ Final _____		
Address	Work Performed:		
Telephone Numbers			
Job Title			
Reason for Leaving			Supervisor
Employer 4			Dates Employed From ___/___/___ - ___/___/___
	Hourly Rate/Salary Starting: _____ Final _____		
Address	Work Performed:		
Telephone Numbers			
Job Title			
Reason for Leaving			Supervisor

Describe any specialized training, apprenticeship, skills and extra curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

State any additional information you feel may be helpful to us in considering your application.

Applications Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as maybe necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by and authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

For Human Resources Department Use Only

Arrange Interview: YES NO

Remarks

Interviewer: _____ Date _____

Employed: YES NO Date of Employment: _____

Job Title: _____ Hourly Rate/Salary: _____

Department: _____ By: _____ Date: _____

Name and Title