

United Business Mail

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date of application: _____

Position applied for: _____

Name: _____
First Middle Last

Address: _____
Street City State Zip

Telephone: () _____ () _____
Area Code Daytime Area Code Evening

A. How did you learn about this employment opportunity? _____

B. What date are you able to start work? _____

C. Do you want to work full-time or part-time (less than 40 hours per week)?

D. If applicable, specify the preferred hours per week or schedule you are available to work: _____

E. Are you authorized to work in the USA in the position for which you are applying? Yes No
Note: If hired, you will be required to show proof of employment authorization.

F. Have you previously **applied for work** or **worked for** United Business Mail? Yes No

G. Is your age at least 18? Yes No

EMPLOYMENT HISTORY - Begin with your current or most recent employment experience. Please list all experience during the past ten years.

1. **Name of Employer:** _____

Employer's address: _____

Give your dates of employment with this employer. From: _____ To: _____

Your position title: _____

How long in this position? _____

Briefly describe your responsibilities in this position: _____

Were you employed on a full-time or a part-time basis?

If part-time, how many hours per week? _____

Supervisor: _____ Title: _____ Phone: _____

May we contact this person for a reference? Yes No

Why did you leave this position? _____

EMPLOYMENT (continued)

2. Name of Employer: _____

Employer's address: _____

Give your dates of employment with this employer. From: _____ To: _____

Your position title: _____

How long in this position? _____

Briefly describe your responsibilities in this position: _____

Were you employed on a full-time or a part-time basis?

If part-time, how many hours per week? _____

Supervisor: _____ Title: _____ Phone: _____

May we contact this person for a reference? Yes No

Why did you leave this position? _____

3. Name of Employer: _____

Employer's address: _____

Give your dates of employment with this employer. From: _____ To: _____

Your position title: _____

How long in this position? _____

Briefly describe your responsibilities in this position: _____

Were you employed on a full-time or a part-time basis?

If part-time, how many hours per week? _____

Supervisor: _____ Title: _____ Phone: _____

May we contact this person for a reference? Yes No

Why did you leave this position? _____

If you need additional space, please use a separate sheet of paper.

EDUCATION

High School

Name of school: _____ City: _____ State: _____

(Complete only if required for this position.)

Diploma or GED received: Yes No

College/University

Name of school: _____ City: _____ State: _____

Degree received: _____

Brief description of course of study: _____

Graduate School

Name of school: _____ City: _____ State: _____

Degree received: _____

Brief description of course of study: _____

Vocational/Business/Technical School/Post Graduate/Other

Name of school: _____ City: _____ State: _____

Degree/Certificate/or Diploma received: _____

Brief description of course of study: _____

Additional Job Related Information

Please describe any additional job related experiences not previously listed.
(If you need additional space, please use a separate sheet of paper.)

Summarize special skills and qualifications acquired from employment, volunteer or other experience.
(If you need additional space, please use a separate sheet of paper.)

CRIMINAL BACKGROUND

Have you ever been convicted of a crime? Yes No

If yes, please state the type of conviction: _____
(The existence of a criminal record will not automatically disqualify you from the job for which you applied.)

REFERENCES

Please list 3 work related references. Do not include relatives.

Name: _____ Company: _____ Position: _____ Phone #: _____

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PLEASE READ CAREFULLY AND EXAMINE YOUR APPLICATION BEFORE SIGNING TO SEE THAT YOU HAVE GIVEN AN ANSWER TO EACH AND EVERY ITEM.

I certify that the facts set forth in this employment application and/or my resume, if submitted, are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that United Business Mail shall not be liable in any respect if my employment is so denied or terminated.

I authorize United Business Mail to verify the information contained in this application and to investigate my personal or employment history. I also authorize any former school, employer, person, firm, corporation, credit agency or government agency to give United Business Mail information they may have about me. In consideration of United Business Mail's review of this application I release United Business Mail and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to United Business Mail rules and understand that unless otherwise specifically agreed to in writing, my employment can be terminated at any time with or without cause, and with or without notice, at my option or the option of United Business Mail. I understand that no personnel recruiter, interviewer or other representative of United Business Mail other than United Business Mail President has authority to enter into any agreement for employment for any specified period of time. I also understand that this application and any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract.

Signature of Applicant

Date