



## EMPLOYMENT APPLICATION

Please complete the entire application.

### 1. "Applicant Information"

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

### 2. "Emergency Contact"

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

3. Job Position Applied For:

4. Who referred you to our company? \_\_\_\_\_

5. Do you have any friends or relatives who work here?

If yes, please list here:

\_\_\_\_\_

6. Have you applied to our company previously?  Yes  No

If yes, when? \_\_\_\_\_

7. Are you at least 18 years old?  Yes  No

8. Are you willing to work any shift, including nights and weekends?  Yes  No

If no, please state any

limitations: \_\_\_\_\_

9. If applicable, are you available to work overtime?  Yes  No

10. If you are offered employment, when would you be available to begin work?

\_\_\_\_\_

11. Are you eligible to work in the United States? Yes No

\_\_\_\_\_

12. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation?  Yes  No

What reasonable accommodation, if any, would you request?

\_\_\_\_\_

### 13. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

#### 14. Applicant's Education and Training

College/University Name and Address

\_\_\_\_\_

Did you Graduate?     Yes    No

Degree Received: \_\_\_\_\_

High School/GED Name and Address

\_\_\_\_\_

Did you Graduate?     Yes    No

Degree Received: \_\_\_\_\_

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold: \_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

Military Service:  Yes    No      Branch:

15. References

List any five non-relatives who would be willing to provide a reference for you. Please provide us with at least three professional reference, including at least one supervisor.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

16. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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**CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination. I also understand that UBUNTU CARE is an equal opportunity employer and all applications will be taken understand consideration.

I authorize UBUNTU CARE to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its leadership team, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of UBUNTU CARE, except in a specific written contract of employment signed on behalf of the organization by its leadership team, has the power to alter or vary the voluntary nature of the employment relationship.

**I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.**

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APPLICANT SIGNATURE

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DATE



Date:

To: Human Resources

I, \_\_\_\_\_, hereby authorize, \_\_\_\_\_,  
Applicant Name (Please Print) Name of Current/Former Employer (Company Name)

to release the following information to *Ubuntu Care* regarding my employment.

- Dates of Employment
- Position
- Attendance
- Salary
- Performance
- Eligibility for Re-hire

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Employee Signature

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Printed Name of Employee



Date:

To: Human Resources

I, \_\_\_\_\_, hereby authorize, \_\_\_\_\_,  
Applicant Name (Please Print) Name of Current/Former Employer (Company Name)

to release the following information to *Ubuntu Care* regarding my employment.

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Employee Signature

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Printed Name of Employee