



Ubuntu Care, LLC

## Employment Application

Instructions: Please complete the entire application.

### 1. Applicant Information:

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you eligible to work in the United States? (Proof of work authorization will be required upon employment) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_ No \_\_\_ Do you have a driver's license? Yes \_\_\_ No \_\_\_

Job position Applying for: \_\_\_\_\_ Who referred you to our company? \_\_\_\_\_

Availability: Please include days/times available to work.

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

If you are offered employment, when would you be available to begin work? \_\_\_\_\_

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? **Yes or No** What reasonable accommodation, if any, would you request?

\_\_\_\_\_

### 2. Emergency Contact: Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### 3. Education:

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Diploma: \_\_\_\_\_

College/University: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Skills and Qualifications: Licenses, Certificates, Skills, Training, Awards

\_\_\_\_\_  
\_\_\_\_\_

### 4. Military Service:

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_



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**5. 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 to the back page of this application.

➤ Company: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates of Employment (Month/Year): \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

➤ Company: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates of Employment (Month/Year): \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

➤ Company: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates of Employment (Month/Year): \_\_\_\_\_  
Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May We Contact Your Present/Former Employers?

Yes \_\_\_ No \_\_\_ If no, please explain:

\_\_\_\_\_

**6. References:** List any four non-relatives who would be willing to provide a reference for you. Please provide us with at least three professional references, including at least one supervisor.

➤ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

➤ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

➤ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

➤ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**7.** 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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**8. Disclaimer and Signature:**

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 communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_