



UNINTECH CONSULTING ENGINEERS, INC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

EFFECTIVE START DATE

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER ()	CELL NUMBER ()	REFERRED BY	

EMPLOYMENT DESIRE

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER	YES NO
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE OF COMPLETION?
HIGH SCHOOL		
COLLEGE		
TRADE/BUSINESS SCHOOL		
OTHER		

GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST OR ATTACH RESUME.)

DATE	MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE NUMBER
FROM			
TO			
SALARY	POSITION	REASON FOR LEAVING	

DATE	MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE NUMBER
FROM			
TO			
SALARY	POSITION	REASON FOR LEAVING	

DATE	MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE NUMBER
FROM			
TO			
SALARY	POSITION	REASON FOR LEAVING	

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THE LINE

REMARKS

NEATNESS	PERSONALITY	
RECOMMENDATION FOR HIRING	POSITION	DEPARTMENT
POSITION GRADE	SALARY	WILL REPORT ON

APPROVED:

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EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER