

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and my periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE
ADDRESS		DATES OF EMPLOYMENT (Mo/Yr): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
DUTIES		
NAME OF EMPLOYER		JOB TITLE
ADDRESS		DATES OF EMPLOYMENT (Mo/Yr): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
DUTIES		
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ADDRESS		DATES OF EMPLOYMENT (Mo/Yr): FROM TO
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DUTIES		
NAME OF EMPLOYER		JOB TITLE
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CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING
DUTIES		

Have you worked or attended school under any other name? Yes No

If yes, give names:

Are you presently employed? Yes No

Can we contact your current employer? If yes, whom do you suggest we contact?

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain:

Give three references, not relatives or former employers.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living, obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statement.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post employment drug screen as a condition of employment, if required.

I understand that if I am offered employment by UBATC, my continued employment shall be contingent upon my successful completion of a background check.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand and by my signature consent to these statements.

Signature: _____ Date: _____