

# UNFinished Business

## Application For Employment (All Applicants Are Tested For Illegal Drugs)

APPLICATION DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

CURRENT ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS \_\_\_\_\_ SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
YRS/MONS

TELEPHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ ARE YOU AT LEAST 18? YES \_\_\_\_ / NO \_\_\_\_  
(ALL EMPLOYEES MUST BE 18 OR OVER)

MOBILE PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ POSITION APPLIED FOR \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DESIRED SALARY \_\_\_\_\_

### PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

ADDRESS \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

TELEPHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MOBILE PHONE (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

### MEDICAL HISTORY

HAVE YOU EVER BEEN DIAGNOSED, TREATED OR SUFFER FROM ANY OF THE FOLLOWING MEDICAL CONDITIONS?  
(FAILURE TO DISCLOSE YOUR MEDICAL HISTORY IS GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT)

____ ACID REFLUX	____ CANCER/TUMOR	____ HIV/AIDS	____ PEANUT ALLERGY
____ ADHD	____ CHICKEN POX	____ JOCK ITCH	____ PINK EYE
____ ARTHRITIS	____ DIABETES	____ LACTOSE INTOLERANCE	____ PNEUMONIA
____ ASTHMA	____ EPILEPSY	____ MENOPAUSE	____ PREGNANCY
____ AUTISM	____ FAINTING SPELLS	____ MAD COW DISEASE	____ SLEEP APNEA
____ AUTOPSY	____ FLATULENCE	____ OBESITY	____ STROKE
____ BACK PAIN	____ GOUT	____ ORGAN TRANSPLANT	____ SUNBURN
____ BALDNESS	____ HEMOPHILIA	____ PARALYSIS	____ TENDINITIS
____ BEDWETTING	____ HERPES	____ PARKINSON'S	____ ULCERS

MISCELLANEOUS

RACE (SELECT ALL THAT APPLY)

☐ WHITE  
☐ BLACK OR AFRICAN AMERICAN  
☐ AMERICAN INDIAN/ALASKA NATIVE  
☐ ASIAN  
☐ HAWAIIAN NATIVE/PACIFIC ISLANDER  
☐ HISPANIC/LATINO

GENDER (SELECT ALL THAT APPLY)

☐ MALE  
☐ FEMALE  
☐ OTHER

DAYS AVAILABLE TO WORK

☐ ALL ☐ THU  
☐ MON ☐ FRI  
☐ TUES ☐ SAT  
☐ WED ☐ SUN

EMPLOYMENT DESIRED (SELECT ALL THAT APPLY)

☐ FULL-TIME  
☐ PART-TIME

HOW MANY HOURS WEEKLY CAN YOU WORK? \_\_\_\_\_

CAN YOU WORK NIGHTS? \_\_\_\_\_

DATE AVAILABLE FOR WORK \_\_\_\_\_

HAVE YOU EVER BEEN FIRED FROM A JOB? \_\_\_\_\_

CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_

(IF YES, PROVIDE A LIST OF ALL CRIMINAL OFFENSES (NON-TRAFFIC VIOLATIONS) COMMITTED IN THE PAST 10 YEARS)

DATE	MISDEMEANOR/ FELONY	DESCRIPTION	CONFINEMENT/ PROBATION/ COMMUNITY SERVICE	MONTHS/ YEARS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES  
(PLEASE PROVIDE FOUR REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS)

NAME _____	NAME _____
TITLE _____	TITLE _____
COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____
TELEPHONE _____	TELEPHONE _____
EMAIL ADDRESS _____	EMAIL ADDRESS _____
NAME _____	NAME _____
TITLE _____	TITLE _____
COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____
TELEPHONE _____	TELEPHONE _____
EMAIL ADDRESS _____	EMAIL ADDRESS _____
_____	

MISCELLANEOUS

DO YOU HAVE A DRIVER'S LICENSE? _____	HAVE YOU EVER SERVED IN THE MILITARY? _____
DRIVER'S LICENSE # _____	HONORABLE DISCHARGE _____ YEARS _____
STATE OF ISSUE _____ EXPIRES ON _____	WHICH BRANCH (SELECT ALL THAT APPLY) ____ AIR FORCE      ____ ARMY ____ COAST GUARD      ____ MARINES ____ NATIONAL GUARD      ____ NAVY
HOW MANY TRAFFIC ACCIDENTS HAVE YOU HAD IN THE PAST THREE YEARS? _____	
HOW MANY TRAFFIC VIOLATIONS HAVE YOU HAD IN THE PAST THREE YEARS? _____	
HAVE YOU EVER BEEN STOPPED FOR SUSPENSION OF DRINKING AND DRIVING? _____	
HAVE YOU EVER BEEN STOPPED FOR SUSPENSION OF DISTRACTED DRIVING? _____	
DO YOU CURRENTLY OWN YOUR OWN VEHICLE? _____ DO YOU HAVE INSURANCE? _____	
MAKE _____	MODEL _____ YEAR _____
ARE YOU WILLING TO DRIVE YOUR PERSONAL VEHICLE AS PART OF YOUR DUTIES? _____	

## EDUCATION

WHAT IS THE HIGHEST DIPLOMA/DEGREE/CERTIFICATE YOU HAVE EARNED? \_\_\_\_\_

SCHOOL TYPE	SCHOOL NAME	CITY/STATE	GRADUATION DATE	MAJOR/DEGREE/ CERTIFICATE
HIGH SCHOOL	_____	_____	_____	_____
UNDERGRADUATE	_____	_____	_____	_____
UNDERGRADUATE	_____	_____	_____	_____
GRADUATE	_____	_____	_____	_____
GRADUATE	_____	_____	_____	_____
POST-GRADUATE	_____	_____	_____	_____
POST-GRADUATE	_____	_____	_____	_____
PROFESSIONAL	_____	_____	_____	_____
PROFESSIONAL	_____	_____	_____	_____

LIST ANY ADDITIONAL DIPLOMAS, DEGREES, CERTIFICATIONS AND OTHER MISCELLANEOUS TRAINING EARNED.

## WORK EXPERIENCE

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH THE MOST RECENT JOB.

EMPLOYER NAME _____	NAME OF LAST SUPERVISOR _____	EMPLOYMENT DATES FROM _____ TO _____	PAY OR SALARY START _____ FINAL _____
ADDRESS _____			
CITY, STATE, ZIP _____			
TELEPHONE _____	YOUR LAST JOB TITLE _____		
EMAIL ADDRESS _____			
REASON FOR LEAVING (BE SPECIFIC) _____			

LIST DUTIES PERFORMED, SKILLS USED, AND ADVANCEMENTS AND PROMOTIONS EARNED

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_

EMPLOYER NAME _____	NAME OF LAST SUPERVISOR _____	EMPLOYMENT DATES FROM _____ TO _____	PAY OR SALARY START _____ FINAL _____
ADDRESS _____			
CITY, STATE, ZIP _____			
TELEPHONE _____	YOUR LAST JOB TITLE _____		
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MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_

# WORK EXPERIENCE (CONTINUED)

EMPLOYER NAME _____	NAME OF LAST SUPERVISOR _____	EMPLOYMENT DATES FROM _____	PAY OR SALARY START _____
ADDRESS _____		TO _____	FINAL _____
CITY, STATE, ZIP _____			
TELEPHONE _____	YOUR LAST JOB TITLE _____		
EMAIL ADDRESS _____	_____		
REASON FOR LEAVING (BE SPECIFIC) _____			

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ADDRESS _____		TO _____	FINAL _____
CITY, STATE, ZIP _____			
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ADDRESS _____		TO _____	FINAL _____
CITY, STATE, ZIP _____			
TELEPHONE _____	YOUR LAST JOB TITLE _____		
EMAIL ADDRESS _____	_____		
REASON FOR LEAVING (BE SPECIFIC) _____			

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MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_

MISCELLANEOUS

CURRENT MARITAL STATUS

☐ SINGLE ☐ MARRIED  
☐ SEPARATED ☐ DIVORCED  
☐ WIDOWED

DO YOU HAVE ANY CHILDREN? ☐ HOW MANY?

DAYS OF WORK MISSED DUE TO A CHILD'S ILLNESS/OUT OF SCHOOL?  
 PAST MONTH  PAST SIX MONTHS  PAST YEAR

DO YOU CURRENTLY HAVE HEALTH INSURANCE?

☐ YOURSELF ☐ SPOUSE ☐ CHILDREN

HAVE YOU EVER LOST YOUR HEALTH INSURANCE?

ADDITIONAL SKILLS AND EXPERIENCE

PROVIDE ANY ADDITIONAL SKILLS, EXPERIENCES AND OTHER IMPORTANT INFORMATION THAT SUPPORTS YOUR APPLICATION THAT HAS NOT BEEN LISTED ELSEWHERE IN THIS APPLICATION.



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PLEASE READ CAREFULLY AND SIGN

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APPLICATION ACKNOWLEDGEMENT AND WAIVER

IN EXCHANGE FOR THE CONSIDERATION OF MY JOB APPLICATION BY UNFINISHED BUSINESS, I AGREE THAT:

NEITHER THE ACCEPTANCE OF THIS APPLICATION NOR THE SUBSEQUENT ENTRY INTO ANY TYPE OF EMPLOYMENT RELATIONSHIP, EITHER IN THE POSITION APPLIED FOR OR ANY OTHER POSITION, AND REGARDLESS OF THE CONTENTS OF EMPLOYEE HANDBOOKS, PERSONNEL MANUALS, BENEFIT PLANS, POLICY STATEMENTS, AND THE LIKE AS THEY MAY EXIST FROM TIME TO TIME, OR OTHER UNFINISHED BUSINESS PRACTICES, SHALL SERVE TO CREATE AN ACTUAL OR IMPLIED CONTRACT OF EMPLOYMENT, OR TO CONFER ANY RIGHT TO REMAIN AN EMPLOYEE OF UNFINISHED BUSINESS, OR OTHERWISE TO CHANGE IN ANY RESPECT THE EMPLOYMENT-AT-WILL RELATIONSHIP BETWEEN IT AND THE UNDERSIGNED, AND THAT RELATIONSHIP CANNOT BE ALTERED EXCEPT BY A WRITTEN INSTRUMENT SIGNED BY THE PRESIDENT /GENERAL MANAGER OF UNFINISHED BUSINESS. BOTH THE UNDERSIGNED AND UNFINISHED BUSINESS MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITHOUT SPECIFIED NOTICE OR REASON. IF EMPLOYED, I UNDERSTAND THAT UNFINISHED BUSINESS MAY UNILATERALLY CHANGE OR REVISE THEIR BENEFITS, POLICIES AND PROCEDURES AND SUCH CHANGES MAY INCLUDE REDUCTION IN BENEFITS.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I HEREBY GIVE UNFINISHED BUSINESS PERMISSION TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS (UNLESS OTHERWISE INDICATED), REFERENCES, AND OTHERS, AND HEREBY RELEASE UNFINISHED BUSINESS FROM ANY LIABILITY AS A RESULT OF SUCH CONTRACT.

I ALSO UNDERSTAND THAT (1) UNFINISHED BUSINESS HAS A DRUG AND ALCOHOL POLICY THAT PROVIDES FOR PRE-EMPLOYMENT TESTING AS WELL AS TESTING AFTER EMPLOYMENT; (2) CONSENT TO AND COMPLIANCE WITH SUCH POLICY IS A CONDITION OF MY EMPLOYMENT; AND (3) CONTINUED EMPLOYMENT IS BASED ON THE SUCCESSFUL PASSING OF TESTING UNDER SUCH POLICY. I FURTHER UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE BASED ON THE SUCCESSFUL PASSING OF JOB-RELATED PHYSICAL EXAMINATIONS.

I UNDERSTAND THAT, IN CONNECTION WITH THE ROUTINE PROCESSING OF MY EMPLOYMENT APPLICATION, UNFINISHED BUSINESS MAY REQUEST FROM A CONSUMER REPORTING AGENCY AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION AS TO MY CREDIT RECORDS, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST FROM ME, UNFINISHED BUSINESS WILL PROVIDE ME WITH ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF ANY SUCH REPORT REQUESTED BY IT, AS REQUIRED BY THE FAIR CREDIT REPORTING ACT.

I FURTHER UNDERSTAND THAT MY EMPLOYMENT WITH UNFINISHED BUSINESS SHALL BE PROBATIONARY FOR A PERIOD OF SIXTY (60) DAYS, AND FURTHER THAT AT ANY TIME DURING THE PROBATIONARY PERIOD OR THEREAFTER, MY EMPLOYMENT RELATION WITH UNFINISHED BUSINESS IS TERMINABLE AT WILL FOR ANY REASON BY EITHER PARTY.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

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UNFINISHED BUSINESS IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER.

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN UNFINISHED BUSINESS.