

Application for Employment

Date:

7							
1 Last Name	First	Middle	•		Previous	names used	
2 Street Address	Apt.#	City	State	Zip Code)	Phone	
						()	
3 How long at the above a	ddress?	Years			Months	()	
	,						
4 If less than 3 years, list p							
Street Address	Apt.#	City	State	Zip Code	•	Phone	
						(')	
5 Sccial Security Number	***************************************	6 Date available	to work		7 Desired	rate of pay	
8 Position desired							
o Fosition desired							
*	1.						
Victoria de la companio del companio de la companio del companio de la companio della companio de la companio della companio d	2.						
9 Full TimeYes	No	10 Part Time	YesNo		Hours de	sired	
		10141111110 =	100	•	1100.000		
11 Are there any evenings or specific days of the week or year that you are unable to work?Yes No If yes, please identify:							
12 Over 18 years of age? Yes No							
13 What source referred you to us?							
14 Have you ever worked for the United Center?Yes No Name of Company:							
Date of Service Position							
15 Do you have any friends or relatives working for the United Center? Yes No							
To be you have any menus of relatives working for the critical content.							
K 1 P-4							
If so, please list							
40 H C Million Conden		***************************************					
16 U.S. Military Service							
Service Branch:	•	Area of S	pecialization:				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F				
Final Route or Rate:		Length of	Service:				

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Employment I List below all pr		employment, begin	ning with your most	recent.					
Most Recent Employer:			Previous Emp	Previous Employer:					
Address				Address					
City			State	City			State		
Phone	-			Phone					
Dates Employed	d			Dates Employe	ed		19-18-18-18-18-18-18-18-18-18-18-18-18-18-		
FROM		TO		FROM		TO			
Month	Year	Month	Year	Month	Year	Month	Year		
Position Held		Rate of Pay		Position Held		Rate of Pay			
Duties		energen en e		Duties					
Reason for Lea	ving			Reason for Lea	aving				
Name of Super	visor			Name of Supervisor					
May we contact If no, please ex		Yes	No	May we contact If no, please e	ct this employer? xplain:	Yes	No		
Previous Emp	loyer:			Previous Em	ployer:				
Address		4-4-1		Address					
City State				City	City State				
Phone				Phone					
Dates Employe	d			Dates Employe	ed				
FROM		то		FROM		то			
Month	Year	Month	Year	Month	Year	Month	Year		
Position Held		Rate of Pay	delining delicities, above on a second s	Position Held		Rate of Pay			
Duties				Duties					

FROM TO Month Year Position Held Rate of Pay

Duties

Duties

Reason for Leaving

Name of Supervisor

May we contact this employer? Yes No If no, please explain:

Comments (Including explanation of any gaps in employment?)

Education	· · · · · · · · · · · · · · · · · · ·								
Circle number of years corr	pleted at each level:	Higl	n School 1	2 3 4	College	1 2 3	4		
	Name		Location		Did you grad	uate?	List Dip	loma or De	grees
High School					Yes	No			***************************************
College					Yes	No			
Other (specify)					Yes	No			
List any other special cours	es, office skills, hobbies	experi	ences of quali	fications which	you feel would h	ave a bearing o	n the job y	ou are app	lying for:
Language:	Speak:	····	<u>,</u>	Read;		Write:			·
	Slight	Fair	Fluent	Slight_	FairI	Fluent	_Slight	Fair	Fluent
	Slight	Fair	Fluent	Slight_	FairI	=luent	_Slight	Fair	Fluent
	Slight	Fair	Fluent	Slight_	FairI	Fluent	_Slight	Fair	Fluent
When an applicant has been offered a position with the United Center, final acceptance of his/her employment is contingent upon the applicant submitting to and passing a urine screening. The United Center maintains this policy to prevent hiring individuals who use illegal drugs or individuals whose use of legal drugs or alcohol indicates a potential for impaired or unsafe job performance. If an individual refuses to submit to this final acceptance screening, they will be disqualified from employment with the United Center. The United Center provides an equal employment opportunity for all applicants. It is the policy of the United Center not to discriminate against any applicant or employee because of age, color, creed, disability, national origin, race, religion, sex or other protected classes of individuals. Please Read Carefully I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions or misrepresentations on this application or false statements made during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by the United Center. I hereby authorize the United Center to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment and, further authorize my former employers or any third party to disclose to the United Center all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release the United Center, former employers and all references listed above, from any and all calams, demands or liabilities arising out of or related to such investigation or disclosure. I hereby authorize the United Center and any consumer or credit reporting agency or bureau employed by the United Center to make a consumer credit report in connection									
Signature of Applicant	***************************************					Date			

Note: This application remains current for one year, if you have not been contacted by the United Center and wish to be considered for employment, it will be necessary for you to return and fill out a new application after one year.

Urgent	obsinencementaria (Adorbing the Copyright Section 2017, Se				
I have applied for a position with the United Center. As a former employee, I urgently request that you supply previous employment information as needed by the United Center. My signature authorizes my cooperation with this process. My signature certifies that I hold harmless all past employers and their representatives in the release of all previous employment information required by the United Center. I authorize that a fax or photocopy of this release is as valid as the original. An opportunity to be employed by the United Center is dependent upon this request being honored.					
Applicant's Name — Please Print					
Applicant's Authorizing Signature					
Social Security No.					
DO NOT WRITE BELOW THIS LINE — FOR EMP	PLOYER VERIFICATION ONLY				
Reference Inquiry and Employment Verification	Date of Inquiry				
Company Name					
Phone Number ()	Fax Number ()				
Address					
Information furnished by (Please Print) Name:	Position:				
The following is to verify the employment of:					
Exact Dates of Employment: FROM:MonthYear	TO: Month Year				
Title: (indicate part-time or full-time position)	Part Time Full Time				
Describe his/her job functions and tasks performed.					
How did the applicant perform job functions?					
What was his/her reason for leaving?	Voluntary Involuntary - explain				
Eligible for rehire?	Yes No				
Salary? (Indicate Per Hour, Week, Month, Year, etc.)					
\$ HourlyV	Veekly Monthly Yearly				
Was the quality and quantity of work performed by the applicant satisfactory?	Yes No - explain				
Any company safety policy violation record?	Yes - explainNo				
Any awards, certificates, classes or special recognition?	Yes - explainNo				
Did he/she manage his/her authority and/or responsibility well?	YesNo - explain				
Attendance and Punctuality?Good	Fair ————Poor ————No record				