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**Phone: (651) 300-6550**

**Fax: (651) 305-9395**

**Please fill out and return to**

**info@ubusupport.org**

**Employment Application**

**PERSONAL INFORMATION**

FULL NAME:       DATE:

ADDRESS:

CITY:       STATE:       ZIP CODE:

E-MAIL:       PHONE:

SOCIAL SECURITY NUMBER (SSN):

DATE AVAILABLE:

DESIRED PAY: $

POSITION APPLIED FOR:

EMPLOYMENT DESIRED:[ ]  FULL-TIME [ ]  PART-TIME

PRIMARY SPOKEN LANGUAGE:       FLUENT SECONDARY LANGUAGE:       FLUENT OTHERS:

**EMPLOYMENT ELIGIBILITY**

ARE YOU A U.S. CITIZEN? [ ]  YES [ ]  NO\*

\*IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? [ ]  YES [ ]  NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? [ ]  YES [ ]  NO

\*IF YES, WRITE THE START AND END DATES:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? [ ]  YES\* [ ]  NO

\*IF YES, PLEASE EXPLAIN:

**EDUCATION**

**HIGH SCHOOL**:      CITY / STATE:

FROM:       TO:

GRADUATE? [ ]  YES [ ]  NO

**ASSOCIATES DEGREE**:       CITY / STATE:

GRADUATE? [ ]  YES [ ]  NO

DEGREE:

**BACHELOR’S DEGREE**:       CITY / STATE:

GRADUATE? [ ]  YES [ ]  NO

DEGREE:

**MASTER’S DEGREE**:       CITY / STATE:

GRADUATE? [ ]  YES [ ]  NO

DEGREE:

**EMPLOYMENT HISTORY**

**Include last 5 years of employment in chronological order**

**EMPLOYER #1**:

E-MAIL:       PHONE:

ADDRESS:

CITY:       STATE:       ZIP CODE:

STARTING PAY: $      [ ]  HOUR [ ]  SALARY

ENDING PAY: $      [ ]  HOUR [ ]  SALARY

JOB TITLE:       RESPONSIBILITIES:

STARTING DATE:       ENDING DATE:

REASON FOR LEAVING:

**EMPLOYER #2**:

E-MAIL:       PHONE:

ADDRESS:

CITY:       STATE:       ZIP CODE:

STARTING PAY: $      [ ]  HOUR [ ]  SALARY

ENDING PAY: $      [ ]  HOUR [ ]  SALARY

JOB TITLE:       RESPONSIBILITIES:

STARTING DATE:       ENDING DATE:

REASON FOR LEAVING:

**EMPLOYER #3**:

E-MAIL:       PHONE:

ADDRESS:

CITY:       STATE:       ZIP CODE:

STARTING PAY: $      [ ]  HOUR [ ]  SALARY

ENDING PAY: $     [ ]  HOUR [ ]  SALARY

JOB TITLE:       RESPONSIBILITIES:

STARTING DATE:       ENDING DATE:

REASON FOR LEAVING:

**EMPLOYER #4**:

E-MAIL:       PHONE:

ADDRESS:

CITY:       STATE:       ZIP CODE:

STARTING PAY: $      [ ]  HOUR [ ]  SALARY

ENDING PAY: $      [ ]  HOUR [ ]  SALARY

JOB TITLE:       RESPONSIBILITIES:

STARTING DATE:       ENDING DATE:

REASON FOR LEAVING:

**PROFESSIONAL REFERENCES**

**REFERENCE #1**:       RELATIONSHIP:

COMPANY:       TITLE:

E-MAIL:       PHONE:

**REFERENCE #2**:       RELATIONSHIP:

COMPANY:       TITLE:

E-MAIL:       PHONE:

**BACKGROUND CHECK CONSENT**

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?** [ ]  YES [ ]  NO

**DISCLAIMER**

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE ELECTRONIC SIGNATURE:**       DATE: