



Application for Employment

Instructions

- ✓ If you require assistance in filling out this application please notify the person who gave it to you and every effort will be made to accommodate your request.
- ✓ Answer all the questions fully and to the best of your ability without answering "refer to resume". Please print or type legibly and then carefully read the Certification section; sign and date.
- ✓ You will also be asked to complete an affirmative action voluntary disclosure – completion is at your sole discretion, and no adverse action or treatment will occur if you choose not to complete the voluntary disclosure form.

Personal Information

Name (First, Middle, Last):						
Have you ever been employed under a different name?				Yes		No
If Yes, state name(s) and dates used:		Name(s):		Dates Used:		
Address:			City:		State:	Zip:
Home Phone :		Cell Phone:				
Email Address:						
How did you hear about us?	<i>Check all that apply:</i>	Website	School	Agency	Job Posting	Other
	Please give us more detail if any of the above are checked:					
	Referred by Current/Former Employee – <i>provide name please:</i>					

Work Preference

Indicate the position(s) for which you are applying:						
Do you wish to work:	Full-Time:	Part-Time:	Desired Salary:	Date available to start:		
Do you have any commitments to another employer that might affect your employment with us?					Yes:	No:
If Yes, please explain: _____						

General Information

Have you previously applied with us?		Yes:	No:	If yes, give date:		
Are you legally authorized to work in the United States?				Yes:		No:
Have you been convicted of or plead guilty or "no contest" to any felony or misdemeanor (do not include minor traffic violations) in the past 10 years?				Yes:		No:
If yes, please provide the name of the crime, date and place of conviction:						
Have you ever been discharged or asked to resign by an employer?				Yes:		No:
If yes, please explain:						
Do you have a valid Driver's License?		Yes	No	If yes, DL State:	Number:	



Current/Most Recent Employer

Employer Name:		Employer's Address:		Telephone Number:	
				Fax Number:	
Position Title(s):			Name of Supervisor:		
Dates Employed:	From: (Mo/Yr)	To: (Mo/Yr)	Ending Wage: (Hourly or Salary)	\$	
Brief Description of Duties:					
Still employed?	Yes	No	If yes, may we contact?	Yes	No
If not, why did you leave? (circle one)		Termination	Resignation	Layoff	Mutual Agreement
Reason:					

Second Most Recent Employer

Employer Name:		Employers Full Address:		Telephone Number:	
				Fax Number:	
Position Title(s):			Name of Supervisor:		
Dates Employed:	From: (Mo/Yr)	To: (Mo/Yr)	Ending Wage: (Hourly or Salary)	\$	
Brief Description of Duties:					
Why did you leave? (circle one)		Termination	Resignation	Layoff	Mutual Agreement
Reason:					

Third Most Recent Employer

Employer Name:		Employers Full Address:		Telephone Number:	
				Fax Number:	
Position Title(s):			Name of Supervisor:		
Dates Employed:	From: (Mo/Yr)	To: (Mo/Yr)	Ending Wage: (Hourly or Salary)	\$	
Brief Description of Duties:					
Why did you leave? (circle one)		Termination	Resignation	Layoff	Mutual Agreement
Reason:					

Fourth Most Recent Employer

Employer Name:		Employers Full Address:		Telephone Number:	
				Fax Number:	
Position Title(s):			Name of Supervisor:		
Dates Employed:	From: (Mo/Yr)	To: (Mo/Yr)	Ending Wage: (Hourly or Salary)	\$	
Brief Description of Duties:					
Why did you leave? (circle one)		Termination	Resignation	Layoff	Mutual Agreement
Reason:					



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Educational Information

	Print Name and Address for Each School Listed	Number of Years Completed	Degree(s) Obtained
High School			
College			
Graduate or Professional School			
Trade, Night, or Online School			
Other			

Licenses & Certifications

Licenses, Certifications, etc.	Type	State	Date	Actions Against?

References

Name	Business or Personal	Years Known	Contact Information

Certification

Please read the following statements carefully before signing.

- ✓ I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also acknowledge that any falsified information may disqualify me from further consideration for employment and may be justification for dismissal if discovered at a later date. Any omission from the complete employment record would constitute a falsehood.
- ✓ I understand that should I become employed by Umbrella MS I would be an employee at will. Thus, my employment could be terminated, with or without cause, at any time at the discretion of either the firm or myself. I understand that no management official other than one of the Principals has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.
- ✓ Unless specifically noted on this application, I authorize the Umbrella MS to contact persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and candidate resume, if any) to provide any relevant information concerning my employment or other relationship with the organization to the Umbrella MS.

Signature	Date
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Umbrella MS is an Equal Opportunity Employer in all employment decisions, including hiring, terminations, promotions, and the administration of personnel policies. The Company does not discriminate on the basis of race, color, religion, sex, nationality or ethnic origin, veteran status, age, disability, genetics, or any other legally protected characteristics. Any person believing that he/she has been subjected to such discrimination should contact one of the Principals.