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 APPLICATION.

# EMPLOYMENT APPLICATION

**DATE**

PERSONAL					
NAME	FIRST	MIDDLE	LAST		
ADDRESS	NUMBER & STREET		CITY	STATE	ZIP
TELEPHONE	HOME	CELL			
SOCIAL SECURITY #			FULLTIME	PART TIME	SHIFT: 1 2 3
POSITION SOUGHT	DESIRED WAGE		DATE AVAILABLE		
ARE YOU OVER 18 YRS OLD? YES NO					
HAVE YOU EVER APPLIED AT UPI MFG IN THE PAST? YES NO IF YES, WHEN?					
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO <small>(IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY ELIGIBILITY.)</small>					
HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST SEVEN YEARS? YES NO					
IF YES, PLEASE EXPLAIN					

EDUCATION				
PLEASE INDICATE EDUCATION OR TRAINING WHICH YOU BELIEVE QUALIFIES YOU FOR THE POSITION YOU ARE SEEKING.				
	NAME & LOCATION	NO. OF YRS	GRADUATE?	HIGHEST DEGREE EARNED
HIGH SCHOOL				
COLLEGE				
BUSINESS/TECH				
GRADUATE				

SPECIAL SKILLS
PLEASE SUMMARIZE ANY SPECIAL SKILLS YOU WANT US TO CONSIDER IN EVALUATING YOUR QUALIFICATIONS.

PROFESSIONAL REFERENCES			
PLEASE LIST PEOPLE NOT RELATED TO YOU, WHO KNOW YOUR CHARACTER, WORK HABITS, OR SKILLS.			
NAME	ADDRESS	PHONE	ASSOCIATION WITH YOU

EMPLOYMENT HISTORY			
LIST MOST RECENT EMPLOYER FIRST.			
(1) EMPLOYER		EMPLOYED FROM	TO
ADDRESS		POSITION	
TELEPHONE		SALARY	
SUPERVISOR		JOB TITLE	
WORK PERFORMED			
REASON FOR LEAVING			

## EMPLOYMENT HISTORY CONTINUED . . .

(2) EMPLOYER		EMPLOYED FROM	TO
ADDRESS		POSITION	
TELEPHONE		SALARY	
SUPERVISOR		JOB TITLE	
WORK PERFORMED			
REASON FOR LEAVING			
(3) EMPLOYER		EMPLOYED FROM	TO
ADDRESS		POSITION	
TELEPHONE		SALARY	
SUPERVISOR		JOB TITLE	
WORK PERFORMED			
REASON FOR LEAVING			
(4) EMPLOYER		EMPLOYED FROM	TO
ADDRESS		POSITION	
TELEPHONE		SALARY	
SUPERVISOR		JOB TITLE	
WORK PERFORMED			
REASON FOR LEAVING			
MAY WE CONTACT YOUR PRESENT/PAST EMPLOYERS? YES NO		IF NOT, WHICH ONES MAY WE CONTACT? 1 2 3 4	
EXPLAIN ANY GAPS IN WORK HISTORY:			
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? YES NO			
IF YES, PLEASE EXPLAIN:			

## IMPORTANT, PLEASE READ CAREFULLY AND SIGN BELOW

### EMPLOYEE VERIFICATION, AUTHORIZATION, AND RELEASE

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize UPI Mfg. to verify their accuracy and to obtain reference information on my work performance. I hereby release UPI Mfg. from any/all liability of whatever kind and nature that, at any time, could result from obtaining and having an employment decision, based on such information.

UPI Manufacturing (UPI Mfg.) is an "At-Will" Employer. This means that either myself, or the employer, may terminate my employment relationship at any time, for any reason, without cause or notice. I acknowledge that there is no contractual agreement, either expressed or implied, of employment. No officer or representative of the company is authorized to initiate or alter the at-will employment relationship between an employee and UPI Mfg.

I understand that applicants who misrepresent or omit any material facts on this application or during any subsequent interview may not be hired and I agree that UPI Mfg. shall not be held liable in any respect if I am not hired for that reason. Employees who misrepresented or omitted any material facts on this application or during any subsequent interview are subject to immediate termination and I agree that UPI Mfg. shall not be held liable in any respect if I am terminated for that reason. If employed by UPI Manufacturing, I agree to observe all rules and regulations of UPI Manufacturing. UPI Manufacturing is Drug and Alcohol Free workplace. I understand that as a condition of employment, I agree to take and pass a pre-employment Drug Test.

PRINTED NAME \_\_\_\_\_

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

DATE \_\_\_\_\_

BY PRINTING YOUR NAME AND DATE YOU AGREE THAT THE ABOVE INFORMATION IS TRUE & ACCURATE