



UWEC APPLICATION FOR EMPLOYMENT

PLEASE PRINT

United Way of Ellis County (UWEC) does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status. This application form is designed to simplify the securing only of information that is job-related; no question on this application form is intended to secure information that will be used for any unlawful, discriminatory purpose. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and /or interview process should notify a representative of the UWEC. This application will be given careful consideration, but acceptance of a completed form does not imply or guarantee employment.

PLEASE ANSWER EVERY QUESTION IN PRINT (If attaching a resume, complete questions not answered on resume):

Position(s) applied for _____ Date of application _____
Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other
Name of source (if applicable) _____

Name: _____
LAST FIRST MIDDLE

Address: _____ Social Security #: _____
STREET CITY STATE ZIP

Telephone #: () Other phone # () E-mail Address: _____

Please describe your interest in applying at UWEC. _____

Please check all shifts you are available to work: Morning Afternoon Evening Night Weekend

Are you applying for a part-time position? Yes No If yes, why are you interested in part-time? _____

How many hours per week would you like to work? _____

Are you applying for a short-term position (less than 6 months)? Yes No If yes, until what date are you available to work? _____

Have you ever worked for an organization or attended school under a different name? Yes No If yes, please give name(s): _____

JOB SKILLS:

Knowledge of any employee's skills and abilities is important to an employer. Please indicate the amount of experience you have had, even if brief, in the following job situations within the last ten (10) years. Indicate in the space provided the amount of your training and experience (years/months) in any of the following job skill areas:

Years	Months		Years	Months	
_____	_____	Accounting/Finance	_____	_____	Fundraising
_____	_____	Customer Service	_____	_____	Office Work
_____	_____	Cashier/Handling Money	_____	_____	Word Processing
_____	_____	Keyboarding (_____ wpm)	_____	_____	Supervision
_____	_____	10-key	_____	_____	Computers (List Programs)
_____	_____	Maintenance/Custodial			_____

What did you like the most about your previous job? _____

What did you like least about your previous job? _____

Have you ever been terminated or asked to resign from a job? Yes No If yes, why? _____

Have you ever been convicted of a crime, other than driving offenses? Yes No If yes, please elaborate? _____

What would each of your former supervisors say about you? _____

What do you expect from the company that hires you? _____

EDUCATION:

Highest Level of Education Completion: _____ Location: _____



Do you currently serve on an area agency's board of directors? _____ List all in Ellis County: _____

EMPLOYMENT EXPERIENCE:

Start with your present or last job, through the last 5 years. Include military service assignments and volunteer services, as applicable.

Employer _____ Dates Employed: From _____ To _____

Address _____ Telephone(_____) _____
STREET CITY STATE ZIP

Job Title _____ Salary _____

Work Performed _____

Supervisor's Name _____ Reason For Leaving _____

Employer _____ Dates Employed: From _____ To _____

Address _____ Telephone(_____) _____
STREET CITY STATE ZIP

Job Title _____ Salary _____

Work Performed _____

Supervisor's Name _____ Reason For Leaving _____

UNEMPLOYMENT RECORD:

Please explain any gaps in time in the employment history in the last 5 years.

<u>FROM</u>	<u>TO</u>	<u>STATE WHAT YOU WERE DOING</u>
Mo. _____	Yr. _____	_____
Mo. _____	Yr. _____	_____

ADDITIONAL INFORMATION:

List any other information which might be helpful in placing you, such as offices held in professional, honorary, or community organizations, applicable previous experience not listed above etc. You may exclude organization names which indicate race, color, religion, gender, national origin, disability or other protected status. If you need additional space, please continue on a separate sheet of paper. _____

It is understood and agreed that any misrepresentation by me in this application process or any attachments thereto will be sufficient cause for cancellation of this application or separation from employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the company reserves the right to terminate my employment at any time, without cause and without prior notice. I understand that no representative of the company has the authority to enter into an agreement to the contrary except the President or Board of Directors. This application for employment is not to be construed as an employment contract. I give the organization the right to investigate my qualifications with previous employers and other sources, and to secure additional information about me, including questions about my educational background, work experience and character. I hereby release the organization and its representatives from liability for seeking such information and all other persons, corporations or organizations for furnishing such information. Business needs may at times make the following conditions necessary: work scheduled outside standard hours, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment. I understand that the employer may request prior to my employment a physical examination or a drug test at the company's expense. I also agree to a background check, at the company's expense, prior to starting employment. Any offer of employment may be rescinded if physical examination, drug test, or background check warrants.

This application is current for sixty (60) days. At the conclusion of this time, if I have not heard from a representative of the organization and still wish to be considered for employment, it will be necessary for me to fill out a new application.

SIGNATURE _____ DATE _____