#### Unyeway Inc

An Equal Opportunity Employer

2330 Main Street, Suite E

Ramona. CA 92065-2595

(760) 789-5960

# **EMPLOYMENT APPLICATION**

## Please type or print clearly, answer all questions, and sign and date the Applicant Agreement.

Date:							
Name:			_ Social Sec	urity # :			
Present Address:	City		State	Zip Code			
Telephone Number: (Home )		(Business)					
Position(s) Applying For:		Referred by:					
Are you at least 18 years old? Yes I Have you ever been employed by Unyeway, Inc.	No	Indicate	Availability:	Part Time		Full time	
Have you ever applied for a position with Unyew	ay, Inc.? Yes	No	_ If yes, whe	en <u>?</u>			
Do you have a legal right to work in the U.S.?					ust be	provided.	
Have you ever been convicted of a felony crime	? Yes	No	If yes, list: _				
NOTE: A felony conviction will not necessarily	disqualify you	for employmer	nt.				
If hired, you will be required to have fingerprints	filed with the	Department of	Justice.				
Name and relationship of any relatives presently	y working for L	Jnyeway:					
Are you able to perform the essential functions	of the job for y	 which you are a	polving, eithe	er with or with	out rea	sonable	

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

If necessary, please describe the functions that cannot be performed:

#### **EDUCATION/TRAINING**

<u>NOTE:</u> Only include education/training that demonstrates your qualifications for this job, beginning with the most recent and work back. Education/Training may be full time or part time.

Circle hig	hest ç	grade	comp	oleted: 1	2	3	4	5	6	7	8	9	10	11	12	GED Exam:	Yes		No	
College:	1	2	3	4												Post Graduate	: 1	2	3	4

College or University Attended	Location	Did you graduate?	Course of Study	No. of Years Completed	Degree or Diploma
College					
High School Attended					
Vocational/Other Training					

sufficient). Start with y Since we make effort to c are critical. NOTE: You must compl Name of Company:	our macontact	vers starting wi ost recent emp t previous emp is section even	bloyer. Please account bloyers, the correct tele		oyment.
Name of Supervisor: Address:					
Street	_(	_)		Zip Code	
			Ending Rate of Pay:	ployment:	
Name of Supervisor: Address: Street Telephone Number:	_(	City	State	Zip Code	
			Ending Rate of Pay: _	oloyment:	
Name of Supervisor: Address: Street Telephone Number:	_(	City	State	Zip Code	
			Ending Rate of Pay:	ployment:	

Name of Company:					
Name of Supervisor:					
Address:					
Street		ty	State	Zip Code	
Telephone Number: _(	)				-
Position and Duties:					_
					_
					_
Starting Date of Employm	nent:	Ending Da	ate of Employ	yment:	_
Starting Rate of Pay:		Ending Rate	e of Pay:		_
Reason For Leaving:					_
0					
May we contact the above en	plovers for refere	ce? Yes	No		

- It is Unyeway, Inc.'s policy to employ, promote, terminate, and otherwise treat any and all employees, volunteers, and job applicants on the basis of merit, qualifications, and competence. This policy shall be applied without regard to any individual's race, color, religious creed, national origin, ancestry, physical or mental disability, medical condition, marital status, sex, gender, sexual orientation, veteran status, and political activity.
- It is Unyeway, Inc.'s policy to not retaliate against anyone who files a discrimination complaint.
- It is Unyeway, Inc.'s policy to promote and encourage cultural diversity and sensitivity.
- In accordance with applicable federal and state law protecting qualified individuals with known disabilities, Unyeway, Inc. will attempt to reasonably accommodate those individuals needing accommodations to perform their position unless doing so would create an undue hardship on Unyeway, Inc.
- Unyeway, Inc. is an at-will employer and conducts pre-employment drug screening.

# APPLICANT AGREEMENT

Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initials	I hereby authorize Unyeway, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Unyeway, Inc. any and all letters, reports and other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release Unyeway, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I also understand that if I am hired for a position at Unyeway, Inc. my employment will be contingent upon passing a fingerprint clearance and a pre-employment drug screen.
Initials	I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Unyeway, Inc. In addition, I understand that my employment at Unyeway, Inc. is at will, and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Unyeway, Inc., and that no promises or representations contrary to the foregoing are binding on Unyeway, Inc. unless made in writing and signed by me and Unyeway's designated representative.

# PROFESSIONAL REFERENCES

List below the names of three persons not related to you, whom you have known for at least one year, who could tell us about your qualifications.

Name	Address	Occupation	Phone Number	Years Known
1.				
2.				
3.				

## **DMV CHECK**

ANY OFFER OF EMPLOYMENT MAY BE CONDITIONAL UPON A SUCCESSFUL DMV CHECK.

CA DRIVER'S LICENSE NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

\_\_ EXP. DATE: \_\_\_\_\_

IS THERE ANY REASON YOU WOULD NOT BE ABLE TO TRANSPORT UNYEWAY PERSONNEL AND/OR EQUIPMENT IF REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_ IF YES, PLEASE EXPLAIN:

**APPLICANT'S SIGNATURE** 

DATE