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 No Have you ever been employed by Unyeway, Inc.? Ye	Indicat	e Availability:	Part Time		Full time	
Have you ever applied for a position with Unyeway, Inc		If yes, whe	en <u>?</u>			
Do you have a legal right to work in the U.S.?	Yes No	NOTE: If I	hired, proof m	ust be	provided.	
Have you ever been convicted of a felony crime?	Yes No	If yes, list: _				
NOTE: A felony conviction will not necessarily disqua If hired, you will be required to have fingerprints filed v Name and relationship of any relatives presently work	with the Department of					
Are you able to perform the essential functions of the accommodations? Yes No	job for which you are	applying, eithe	er with or with	out rea	sonable	

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 g	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					

1	Employmen	t History:	I	I
List below all previous employers			recent nosition (1)	st 10 veare
s sufficient). Start with your mo				
unemployment. Since we make ef		evious employers	, the correct teleph	one
numbers of past employers are cri	itical.			
NOTE: You must complete this	<u>section</u> even if at	taching a resume	<u>.</u>	
_			-	
Name of Company:				
Name of Supervisor:				
1				
Address:Street	<i>C</i> ''	Chala		
			Zip Code	
Telephone Number: _()_				
Position and Duties:				
Starting Date of Employment:	En	ding Date of Emp	loyment:	
Starting Rate of Pay:				
Reason For Leaving:				
0				
Name of Comments				
Name of Supervisor:				
Address:	~			
Street	City		Zip Code	
Telephone Number: _()_				
Position and Duties:				
Starting Date of Employment:	En	ding Date of Emp	loyment:	
Starting Rate of Pay:	Endi	ing Rate of Pay: _		
Reason For Leaving:				
-				
Name of Company:				
Name of Supervisor:				
Address:				
Street	City	State	Zip Code	
Telephone Number: _()_				
Position and Duties:				
		1		
Starting Date of Employment:				
Starting Rate of Pay:				

Name of Company: Name of Supervisor: Address:					
Street	:	City	State	Zip Code	
Telephone Number:	_()	-		-	
Position and Duties:					
Starting Date of Employ	ment:	Ending	Date of Empl	oyment:	
Starting Rate of Pay:					
Reason For Leaving: _			-		

May we contact the above employers for reference? 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: _____

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