



Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ Received By \_\_\_\_\_

|   |      |                  |               |
|---|------|------------------|---------------|
| MILITARY SERVICE (A copy of a Certificate of Release or Discharge from Active Duty (DD 214) from the Armed Services may be required.) |      |                  |               |
| Branch  | Rank | Dates of Service | Skills\Duties |
|   |      |                  |               |

Special Skills/Qualifications: List all special skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware, etc.

Approximate Words Per Minute in Typing wpm

|                           |
|---------------------------|
| <b>EMPLOYMENT HISTORY</b> |
|---------------------------|

Are you currently employed? Yes  No   
 If yes, may we contact your current employer? Yes  No

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Please describe present and past employment positions, dating back **five (5) years**. Please account for **all** periods of unemployment. **EVEN IF YOU HAVE ATTACHED A RESUME, THIS SECTION MUST BE COMPLETED.**

1. Begin with your current or last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as the application form.

|  |     |    |    |     |    |  |   |   |  |  |
|--|-----|----|----|-----|----|--|---|---|--|--|
| Position Title<br>Employer:<br>Mailing Address:<br>City and State/Zip:<br>Employer's Telephone No. |     |    |    |     |    |  | Immediate Supervisor<br>Name<br>Title<br>Supervisor's Telephone No. |   | Full-Time  |  |
|  |     |    |    |     |    |  |   |   | Part-Time  |  |
| Starting Date  |     |    |    |     |    |  | Current/<br>Final Salary  |   | Give average number<br>of hours worked per-<br>week if part-time |  |
|  |     |    |    |     |    |  |   |   |  |  |
| Mo   | Day | Yr | Mo | Day | Yr |  | Non-managerial  | If supervisory, number of employees<br>you supervised |  |  |
|  |     |    |    |     |    |  | Supervisory/Managerial  |   |  |  |
| Summary of Job Duties:   |     |    |    |     |    |  |   |   |  |  |
|  |     |    |    |     |    |  |   |   |  |  |
| Reason for Leaving: _____  |     |    |    |     |    |  |   |   |  |  |

|                          |     |    |              |     |    |                                     |                        |                |   |  |
|--------------------------|-----|----|--------------|-----|----|-------------------------------------|------------------------|----------------|---|--|
| Position Title           |     |    |              |     |    | Immediate Supervisor                |                        |                | Full-Time   |  |
| Employer:                |     |    |              |     |    | Name                                |                        |                | Part-Time   |  |
| Mailing Address:         |     |    |              |     |    | Title                               |                        |                | Summer  |  |
| City and State/Zip:      |     |    |              |     |    | Supervisor's Telephone No.          |                        |                | Temp/Project  |  |
| Employer's Telephone No. |     |    |              |     |    | If supervisory, number of employees |                        |                | Give average number of hours worked per-week if part-time |  |
| Starting Date            |     |    | Leaving Date |     |    | Current/<br>Final Salary            | Technical              |                |   |  |
| Mo                       | Day | Yr | Mo           | Day | Yr |                                     | Non-managerial         |                |   |  |
|                          |     |    |              |     |    |                                     | Supervisory/Managerial | you supervised |   |  |

Summary of Job Duties:

Reason for Leaving: \_\_\_\_\_

|                          |     |    |              |     |    |                                     |                        |                |   |  |
|--------------------------|-----|----|--------------|-----|----|-------------------------------------|------------------------|----------------|---|--|
| Position Title           |     |    |              |     |    | Immediate Supervisor                |                        |                | Full-Time   |  |
| Employer:                |     |    |              |     |    | Name                                |                        |                | Part-Time   |  |
| Mailing Address:         |     |    |              |     |    | Title                               |                        |                | Summer  |  |
| City and State/Zip:      |     |    |              |     |    | Supervisor's Telephone No.          |                        |                | Temp/Project  |  |
| Employer's Telephone No. |     |    |              |     |    | If supervisory, number of employees |                        |                | Give average number of hours worked per-week if part-time |  |
| Starting Date            |     |    | Leaving Date |     |    | Current/<br>Final Salary            | Technical              |                |   |  |
| Mo                       | Day | Yr | Mo           | Day | Yr |                                     | Non-managerial         |                |   |  |
|                          |     |    |              |     |    |                                     | Supervisory/Managerial | you supervised |   |  |

Summary of Job Duties:

Reason for Leaving: \_\_\_\_\_

|                          |     |    |              |     |    |                                     |                        |                |   |  |
|--------------------------|-----|----|--------------|-----|----|-------------------------------------|------------------------|----------------|---|--|
| Position Title           |     |    |              |     |    | Immediate Supervisor                |                        |                | Full-Time   |  |
| Employer:                |     |    |              |     |    | Name                                |                        |                | Part-Time   |  |
| Mailing Address:         |     |    |              |     |    | Title                               |                        |                | Summer  |  |
| City and State/Zip:      |     |    |              |     |    | Supervisor's Telephone No.          |                        |                | Temp/Project  |  |
| Employer's Telephone No. |     |    |              |     |    | If supervisory, number of employees |                        |                | Give average number of hours worked per-week if part-time |  |
| Starting Date            |     |    | Leaving Date |     |    | Current/<br>Final Salary            | Technical              |                |   |  |
| Mo                       | Day | Yr | Mo           | Day | Yr |                                     | Non-managerial         |                |   |  |
|                          |     |    |              |     |    |                                     | Supervisory/Managerial | you supervised |   |  |

Summary of Job Duties:

Reason for Leaving: \_\_\_\_\_

Have you ever been convicted of, been adjudicated with regard to (including an adjudication of delinquent conduct), pled guilty to, or pled no contest to a criminal charge, or have you ever received probation or deferred adjudication for a criminal charge? Yes  No   
 (“Conviction” includes sentenced to confinement, paid fine, served time, placed on probation (including deferred adjudication) and paid court-ordered restitution.) If so, explain.

Note that you will not automatically be disqualified from employment if you answer “yes.”

| REFERENCES (List below three persons who have knowledge of your work performance within the last five (5) years. Please include professional references only.) |                  |         |            |                  |
|--|------------------|---------|------------|------------------|
| Name   | Telephone Number | Address | Occupation | Years Acquainted |
|  |                  |         |            |                  |
|  |                  |         |            |                  |
|  |                  |         |            |                  |

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

I certify that the information provided in this application for employment is true, correct and complete. If I am employed, any misstatement or omission of fact may result in my dismissal.

I hereby release and authorize the company and its agent to verify, inspect, copy and obtain records pertaining to the information I have provided in this application. I hereby authorize any persons or concerns to furnish information in their possession concerning any of the information I have provided in this application and release such persons or concerns from any and all liability arising therefrom.

I understand and agree that

- Business needs may at time make the following conditions mandatory: overtime, shift work, shift changes, rotating work schedule, or weekend work schedules. I accept these as conditions of continuing employment.
- If employed, I will agree not to divulge any confidential information I have gained and to protect UGRA’s confidential information.
- This application for employment and any attachment(s) are the property of UGRA and will become part of my personnel file if I am hired.
- If employed by UGRA, I agree to abide by its rules and regulations. Further, I understand and agree that employment is at will and may be terminated at any time, with or without cause or reason and with or without notice. This application cannot be construed as a contract or as a guarantee of employment or continued employment and no agreement to the contrary will be effective.

As a condition of employment with UGRA, I understand I must pass a drug screen and have satisfactory results on a criminal background check.

I agree and acknowledge that no officer, manager or employee is authorized to offer irrevocable or unchangeable terms and conditions of employment. UGRA reserves the right to determine the terms and conditions of employment at its sole discretion.

UGRA has reserved the right to administer drug screening procedures under certain circumstances. I consent to participation in any such program(s) and I understand and agree that UGRA may take disciplinary action up to and including termination of employment for failure to pass or refusal to take a drug screen.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT.

THIS APPLICATION MUST BE SIGNED: \_\_\_\_\_  
 Signature of Applicant \_\_\_\_\_  
 Date