# UNCONVENTIONAL SOLUTIONS, INC. APPLICATION FOR EMPLOYMENT

### **PLEASE PRINT**

A person with a disability requiring accommodation for completing the application process or for purposes of employment should notify the Company as soon as possible. Unconventional Solutions, Inc. is an Equal Opportunity Employer. Its policy is to afford equal employment opportunity regardless of a person's age; ancestry; childbirth or related medical condition; citizenship; color; creed; familial status; gender identity; genetic information; height; weight; marital status; national origin; physical or mental disability or handicap; pregnancy; race; religion; sex; sexual orientation; uniform service member status or veteran status.

Position(s) Applied F	Date of Application//						
Referral Source	□ Advertisement	□ Employee	□ Rela	tive	□ Government E	mployment Aç	gency
□ Walk-In	□ Private Employm	ent Agency	□ Othe	er			· · · · · · · · · · · · · · · · · · ·
Name of Source (If A	Applicable)						
Name	First		 Middl	le			
Address				State	Zip Code		
	()		S	ocial S	ecurity Number		
Email Address			[	river's	License Number_		
If necessary, best tin	ne to call you at home	e is			How long have you of this state?		
May we contact you	at work?					□ Yes □ No	
If yes, work nur	nber and best time to	call: ()				:	a.m. p.m.
	can you furnish a wor					□ Yes □ N	
Have you filed an ap	plication here before	?				□ Yes □ N	lo
If yes, give	date//						
Have you ever been	employed here befor	e?				□ Yes □ N	lo
If yes, give	dates From/_	/ 7	Го	/	_/		
Compliance with the are legally eligible to	le for employment in Immigration Reform for employment in the ration status will be re	and Control Act rone United States	(Proof o	f Ú.S.		□ Yes □ N	lo
Date available for wo	ork//						
	you related to anyone	-	-	-		□ Yes □ N	lo 
Have you ever worke	ed under a different n	ame?				□ Yes □ N	lo

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Type of employment desired	□ Full Time	□ Part Tim	e 🗆 Temp	oorary 🗆 Sea	sonal 🗆 E	Educational	Co-Op
Days/hours available to work	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you currently employed?  If yes, where?						□ Yes □	
Are you on lay-off and subject						□ Yes □	·
Will you travel if job requires it?							□ No
Are you able to meet the atten-		□ Yes □	□ No				
Have you ever had attendance	s?	□ Yes □	□ No				
Are you able to perform the duties of this job with or without any accommodations?							□ No
Have you ever been bonded?							□ No
If yes, explain:							
Have you ever been denied bo						□ Yes □	•
If yes, explain:							<del>-</del>
Name, address and telephone emergency:	number of th	ne person to	be contacte	d in the event			
					)		
Have you served in the U.S. A	rmed Forces	?				□ Yes □	No
If yes, period of active duty: Fr	om		To				
Branch of Service:							
Rank at Discharge: Date of Final Discharge:							
Describe your duties and any	special trainii	ng:					

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ( )		Dates E From	Employed To	Summarize the nature of the work performed and job responsibilities advancements/promotions
Address					
Job Title				ate/Salary	
Immediate Supervisor and Title			Star \$	Per	
Reason for Leaving			Hourly R	ate/Salary	
			\$	Per	
May we contact for reference?	☐ Yes ☐ No	☐ Later	D. t I		
Employer	Telephone (  )		From	Employed To	Summarize the nature of the work performed and job responsibilities advancements/promotions
Address					
Job Title			Hourly R Star	ate/Salary	
Immediate Supervisor and Title			\$	Per	
Reason for Leaving			Hourly R	ate/Salary	
			\$	Per	
May we contact for reference? Employer	☐ Yes ☐ No Telephone	☐ Later	Dates En	nnloved	Summarize the nature of the
Employer	( )		From	То	work performed and job responsibilities advancements/promotions
Address					
Job Title			Hourly R Star	ate/Salary	
Immediate Supervisor and Title			\$	Per	
Reason for Leaving				ate/Salary	
May we contact for reference?	□ Vee □ Ne	□lotor	\$	Per	
May we contact for reference? Employer	☐ Yes ☐ No Telephone	□ Later	Dates F	mployed	Summarize the nature of the
	( )		From	То	work performed and job responsibilities advancements/promotions
Address					
Job Title			Hourly R Star	ate/Salary	
Immediate Supervisor and Title			\$	Per	
Reason for Leaving			Hourly R	ate/Salary nal	
May we contact for reference?	□ Yes □ No	□ Later	\$	Per	
Comments (including explar					
Comments (including explai	iation of any gaps in	r employment)			
		lls and qualifica	itions acqu	ired from e	employment or other experiences that may
qualify you to work with our	company.				

Educational Backgroun	d						
A. List last 3 schools attended, sta	rting w	rith last one.	B. List	number of years	s completed	. C. Indicate de	gree or diploma
earned, if any. D. Grade Point Av	/erage	or class Rar	nk and E	. Major and min	or field of stu	udy (if applicable).	
A. School		B. No Years Completed		C. Degree Diploma		E. Major	F. Minor
List any foreign language(s) and ch	eck the	e hoy that he	st descr	ihes vour skill lev	امر		
Language	ICCK tri	Read and Write		Read and Speak		Read only	Speak Only
Languago		Tread and Trine		Trodu and opposit		Trodd only	орошк отпу
References					<u> </u>		<u> </u>
List name and telephone number o						you and are <i>not</i> p	revious supervisors
If not applicable, list three school of	r perso	onal referenc	es who	are not related to I			1
Name				Telephone			Years Known
List professional, trade, business, or race, religion, national origin, age, or					xclude men	nberships which w	ould reveal sex,
Organizat					C	Offices Held	
2 000							
List all professional licenses held b	y you						
List special accomplishments, publ	ication	s. awards. (I	Exclude	information whic	h would reve	eal sex. race. relig	ion, national origin.
age, color, disability or other protect							, ,
List any additional information you	would l	like us to con	sider.				
Did you consider this as all and		<u> </u>	N				
Did you complete this application ye	ourself	· □ Ye	s □ No				

### CONSENT FOR RELEASE OF INFORMATION AND MEDICAL TESTING AUTHORIZATION

## PLEASE READ CAREFULLY

I certify that all the information contained in this application (and accompanying resume and notes, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions - oral or written - may result in immediate dismissal from, or refusal of, employment if discovered at a later date.

I authorize Unconventional Solutions, Inc.to investigate all statements contained in this application, including records of any former employers, references and other sources, concerning me. I authorize all such former employers, references, sources and Unconventional Solutions, Inc.to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by any state or federal laws.

Should I receive a conditional offer of employment, I agree to submit to a physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to Unconventional Solutions, Inc..

I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask Unconventional Solutions, Inc.to attempt to make a reasonable accommodation for it. I must make my request to the Human Resources Department as soon as possible after I know or reasonably should know that accommodation is needed.

I hereby give my consent for Unconventional Solutions, Inc., through an authorized testing service of its choice, to collect blood, urine or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release Unconventional Solutions, Inc. from any liability arising out of such test or its results. Further, I give my consent for the release of the test results and other relevant medical information to authorized Unconventional Solutions, Inc. management for appropriate review. If I am accepted for employment by Unconventional Solutions, Inc., I hereby consent to be tested in the above manner during my employment when, in Unconventional Solutions, Inc.'s judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Unconventional Solutions, Inc.'s substance abuse policy is a condition of my employment.

I agree that any action or suit against Unconventional Solutions, Inc. arising out of this application, the application process and, if hired, my employment with Unconventional Solutions, Inc., including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I expressly waive any statute of limitation periods to the contrary.

I understand that nothing in this application, in Unconventional Solutions, Inc.'s policy statements, or in my communications with any Unconventional Solutions, Inc. official is intended to create an employment contract between the Company and me. If I am hired, I agree to follow the rules and regulations of Unconventional Solutions, Inc. I understand that all employees of Unconventional Solutions, Inc. are employed on an at will, indefinite basis and are subject to termination at any time, with or without prior notice, discipline or warning, for any or no reason. No promises regarding employment have been made to me, and I understand that no person other than the President or Vice-President of Unconventional Solutions, Inc. has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President or Vice-President of Unconventional Solutions, Inc.

Date:		
	Applicant's signature	
	Printed name:	