

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 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 _____
Street City State Zip Code

Telephone Number (_____) _____ Social Security Number _____ - _____ - _____

Email Address _____ Driver's License Number _____

If necessary, best time to call you at home is _____ How long have you been a resident of this state? _____ years _____ mos.

May we contact you at work? ☐ Yes ☐ No
If yes, work number and best time to call: (_____) _____ : _____ a.m. / _____ p.m.
Area Code

If you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No

If yes, give date ____/____/____

Have you ever been employed here before? ☐ Yes ☐ No

If yes, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Compliance with the Immigration Reform and Control Act requires that you are legally eligible for employment in the United States (Proof of U.S. Citizenship or immigration status will be required upon employment).

Date available for work ____/____/____

Do you know or are you related to anyone currently working for this company? ☐ Yes ☐ No

If yes, please name _____

Have you ever worked under a different name? ☐ Yes ☐ No

If yes, explain _____

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Type of employment desired ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐ Educational Co-Op

Days/hours available to work	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you currently employed? ☐ Yes ☐ No

If yes, where? _____

Are you on lay-off and subject to recall? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No

Have you ever had attendance problems at any of your prior employment positions? ☐ Yes ☐ No

Are you able to perform the duties of this job with or without any accommodations? ☐ Yes ☐ No

Have you ever been bonded? ☐ Yes ☐ No

If yes, explain: _____

Have you ever been denied bonding? ☐ Yes ☐ No

If yes, explain: _____

Name, address and telephone number of the person to be contacted in the event of an accident or emergency: _____

_____ (____) _____

Have you served in the U.S. Armed Forces? ☐ Yes ☐ No

If yes, period of active duty: From _____ To _____

Branch of Service: _____

Rank at Discharge: _____ Date of Final Discharge: _____

Describe your duties and any special training: _____

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 Employed From To	Summarize the nature of the work performed and job responsibilities advancements/promotions
Address			
Job Title		Hourly Rate/Salary Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		Hourly Rate/Salary Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ Per	
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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$ Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last 3 schools attended, *starting with last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or class Rank and E. Major and minor field of study (if applicable).

A. School	B. No Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak Only

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List all professional licenses held by you._____

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

Did you complete this application yourself? ☐ Yes ☐ 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: