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	or				Date of Application	on/_	/	
Referral Source Advertisement Employee Referral Source			□ Rel	ative	□ Government E	nt Employment Agency		
□ Walk-In	k-In Private Employment Agency O			er				
Name of Source (If A	applicable)							
Name	First		Mic	ddle			-	
				State	Zip Code			
	<u>)</u>				ecurity Number			
Email Address					_icense Number_			
If necessary, best tin	ne to call you at home	• is			ow long have you f this state?			
May we contact you at work?						□ Yes □		
If yes, work nur	nber and best time to	call: ()				:	a.m. p.m.	
If you are under 18, can you furnish a work permit?						□ Yes □	No	
Have you filed an application here before?						□ Yes □	No No	
If yes, give of	date//							
Have you ever been employed here before?						□ Yes □	No	
If yes, give o	dates From/_	/ 1	Го	_/	/			
Compliance with the are legally eligible f	le for employment in Immigration Reform a for employment in the ration status will be re-	and Control Act rolling United States	(Proof	of U.S.		□ Yes □	ı No	
Date available for wo	ork/							
	you related to anyone		_			□ Yes □	1 No	
Have you ever worked under a different name? If yes, explain						□ Yes □	ı No	

UNCONVENTIONAL SOLUTIONS, INC. APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Type of employment desired	□ Full Time	□ Part Tim	e 🗆 Temp	orary 🗆 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?						□ 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 bo						□ Yes □	•
If yes, explain:							-
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 trainir	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	Talanhana		Dotoo F	mployed	O
Employer	Telephone ()		From	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				ate/Salary nal	
May we contact for reference?	□ Yes □ No	□ Later	\$	Per	
Employer	Telephone ()		Dates E 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 Fir	ate/Salary nal	
May we contact for reference?	□ Yes □ No	□ Later	\$	Per	
Employer	Telephone ()	□ Latei	Dates En From	nployed 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				ate/Salary nal	
May we contact for reference?	□ Yes □ No	□ Later	\$	Per	
Employer	Telephone ()		Dates E 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 Fir	ate/Salary nal	
May we contact for reference?	□ Yes □ No	□ Later	\$	Per	
Comments (including explai	nation of any gaps ir	n employment)			
Skills and Qualifications: Su qualify you to work with our		lls and qualific	ations acqu	ired from e	employment or other experiences that may

Educational Backgroun	d							
A. List last 3 schools attended, star	ting with last	one. B. I	ist number of year	rs completed.	C. Indicate deg	ree or diploma		
earned, if any. D. Grade Point Av	erage or class	s Rank and	I E. Major and mir	or field of stud	dy (if applicable).			
A. School B. No Yea Complete			C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor		
List any foreign language(s) and ch	ack the hov th	nat hest de	scribes vour skill le	wel				
List any foreign language(s) and check the box that be Language Read and		ad and Write	Read and		Read only	Speak Only		
Language	1100	ad and Willo			Trodu orny	opean omy		
References				<u> </u>				
List name and telephone number of					ou and are <i>not</i> pr	evious supervisors		
If not applicable, list three school of	r personal refe	erences wh	no are not related t	o you.		Years Known		
Name				Telephone				
						l		
List professional, trade, business, o race, religion, national origin, age, c				Exclude memb	perships which we	ould reveal sex,		
Organization	-	or other p	loteoted states.)	Offices Held				
Organization	JII			- 01	1000 11010			
List all professional licenses held by	you							
List special accomplishments, publi age, color, disability or other protect		ds. (Exclu	de information which	ch would revea	al sex, race, religi	on, national origin,		
age, color, disability of other protect	ca status. _j							
List any additional information you v	ould like us to	o consider						
Did you complete this application yo	urself?	□ 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: