

## Employment Application Form

- Please use PEN and print legibly. Incomplete applications cannot be accepted. For those questions that do not apply to you, indicate N/A in that space.
- Driver applicants must be at least 21 years of age and submit to a physical examination and testing for controlled substances (US DOT). If scheduled for an interview, please provide a motor vehicle report and driver's license at the time.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_

Full time                       Part Time                       Temporary

Have you ever been employed by Uwajimaya, Inc.?  Yes  No If Yes, when and where? \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No Proof of right to work in the US will be required if hired.

Salary expectations: \_\_\_\_\_ Date available to work: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Please list other trainings, skills or certifications held: \_\_\_\_\_

### EDUCATION

	Name and Location of School	Years Completed	Degree Received
Grade/Jr. High School			
High School or GED			
College			
Graduate School			
Trade, Business or Vocational School			

### LANGUAGE SKILLS

*Please check one.*

	Fluently	Good	Fair
Language: _____	Speak _____	_____	_____
	Read _____	_____	_____
	Write _____	_____	_____
_____	Speak _____	_____	_____
	Read _____	_____	_____
	Write _____	_____	_____
_____	Speak _____	_____	_____
	Read _____	_____	_____
	Write _____	_____	_____

### HOURS AVAILABLE TO WORK

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>START</b>							
<b>END</b>							

**Equal Opportunity Employer**

Beginning with current/most recent employer or status, list in DATE ORDER all periods of employment and voluntary work.

If currently employed, may we contact your employer?     Yes     No

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_  
 Job Title \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_  
 Job Title \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_  
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 Duties \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_  
 Job Title \_\_\_\_\_ Wage/Salary \_\_\_\_\_ Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Title \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**APPLICANT INFORMATION RELEASE**

Please read carefully and sign, or your application will not be processed.

I hereby certify that this application was completed by me and all information provided is true and accurate to the best of my knowledge. I authorize Uwajimaya, Inc. to investigate all statements contained in this application and to request information about me from previous employers and educational institutions. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. I also release all parties and persons connected with any requests for information from all claims, liabilities and damages for whatever reason, arising out of furnishing any information that may be sought in arriving at an employment decision. I understand that false or misleading information in this application may be cause for denial of employment or for dismissal, if employed.

I understand that employment at Uwajimaya, Inc. is on an "At-Will" basis. That is, if employed by Uwajimaya, Inc., employment is for no definite period and may be terminated, at any time, with or without notice, by either party.

I also understand that if employed, I must comply with all current and subsequently issued company policies including the drug-free policy in accordance with the US Department of Transportation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**To All Applicants,**

Federal law requires that Uwajimaya, Inc. maintain an Affirmative Action Program. In accordance, we request that you complete this form. This information will be kept CONFIDENTIAL and will in no manner affect your employment with us. **Completion of this form is strictly voluntary.**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Ethnic Origin:**

- Hispanic or Latino**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
  
- White (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
  
- Black or African American (Not Hispanic or Latino)**  
A person having origins in any of the black racial groups of Africa.
  
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino)**  
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  
- Asian (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Japan, the Philippine Islands, and Thailand.
  
- American Indian or Alaska Native (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.
  
- Two or more races (Not Hispanic or Latino)**  
All persons who identify with more than one of the above five races
  
- Decline to answer**

**Sex:**     Male     Female

**Veteran Status:**     Vietnam Era Veteran     Disabled Veteran     Other Veteran

**Do you have a disability (physical or mental impairment) which substantially limits one or more of your life's activities?**     Yes     No