

# UNIVERSAL MANAGEMENT & MAINTENANCE CO.

Employment Application



APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for		DOB		Do you want part-time or full-time work?	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	
Do you have any injuries that might prevent you from working?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	
Are you willing to relocate for work?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
REFERENCES					
<i>Please list three professional references.</i>					
Full Name			Relationship		
Company			Phone ( )		
Address					
Full Name			Relationship		
Company			Phone ( )		
Address					
Full Name			Relationship		
Company			Phone ( )		
Address					

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**ADDITIONAL INFORMATION**

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**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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Signature	Date
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