

# APPLICATION FOR EMPLOYMENT

The Michigan Civil Rights Act and/or Federal Law prohibit discrimination in employment on the basis of religion, race, color, handicap, national origin, age, sex, height, or marital status. UPCARE Technology, Inc. is an equal opportunity employer and does not discriminate on the basis of any of these or any other Legally protected category or medical condition.

Name: _____			
<Last>	<First>	<Middle>	
Address: _____			
<Number & Street>	<City>	<State>	<Zip>
Telephone: (____) _____	Email: _____	SS# _____	

Position Desired: \_\_\_\_\_

Date Available: \_\_\_\_\_ Expected Salary/Wage: \_\_\_\_\_

Status:  Full Time  Part Time If Part Time, number of hours desired per week: \_\_\_\_\_

Can you work holidays & weekends if necessary?  NO  YES

Are there any days or hours you cannot work?  NO  YES If "YES" explain: \_\_\_\_\_

Are you 18 years of age or older?  NO  YES

Are you a citizen of the United States?  NO  YES

If no, do you have the legal right to work and remain in the United States?  NO  YES VISA Type: \_\_\_\_\_

Have you ever been convicted or any criminal violation of law, or are you now under pending investigation or charges in violation of Criminal law?  NO  YES If "YES" explain: \_\_\_\_\_

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions?  NO  YES If "YES" explain: \_\_\_\_\_

(Note: Unless otherwise required by law, a conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, length of time since conviction, seriousness & nature of violation, position applied for and rehabilitation will be considered).

Have you ever worked or attended school under another family/maiden name?:  NO  YES, name was: \_\_\_\_\_

Are you willing to take a pre-placement physical and/or drug test at our expense upon a conditional offer of employment:  NO  YES

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## EDUCATION & TRAINING

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### Specialized Certification

Type of Certification: \_\_\_\_\_ Date Received: \_\_\_\_\_

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### High School or GED

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_  
<Number & Street> <City> <State> <Zip>

Number of years attended: \_\_\_\_\_ Attended from (mm/yy): \_\_\_\_\_ to \_\_\_\_\_

Did you graduate?  NO  YES Did you receive GED?  NO  YES Dated Received (mm/yy): \_\_\_\_\_

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### College, University or Technical School

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_  
<Number & Street> <City> <State> <Zip>

Number of years attended: \_\_\_\_\_ Attended from (mm/yy): \_\_\_\_\_ to \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Did you graduate?  NO  YES Degree Received: \_\_\_\_\_

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### College, University or Technical School

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_  
<Number & Street> <City> <State> <Zip>

Number of years attended: \_\_\_\_\_ Attended from (mm/yy): \_\_\_\_\_ to \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Did you graduate?  NO  YES Degree Received: \_\_\_\_\_

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### Graduate or Professional School

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_  
<Number & Street> <City> <State> <Zip>

Number of years attended: \_\_\_\_\_ Attended from (mm/yy): \_\_\_\_\_ to \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Did you graduate?  NO  YES Degree Received: \_\_\_\_\_

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## EMPLOYMENT HISTORY

*(Begin with present or most recent employer)*

Employer: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of Employment, from (mm/yy): \_\_\_\_\_ to \_\_\_\_\_ May We Contact?  NO  YES

Name of Supervisor: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of Employment, from (mm/yy): \_\_\_\_\_ to \_\_\_\_\_ May We Contact?  NO  YES

Name of Supervisor: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of Employment, from (mm/yy): \_\_\_\_\_ to \_\_\_\_\_ May We Contact?  NO  YES

Name of Supervisor: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of Employment, from (mm/yy): \_\_\_\_\_ to \_\_\_\_\_ May We Contact?  NO  YES

Name of Supervisor: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# CERTIFICATION & AUTHORIZATION

(Applicant please read carefully)

I certify that the answers that appear on this application and the information provided in my resume are complete and true. I hereby authorize UPCARE Technology, Inc. and/or its agents to verify any or all of the information provided on this application and in my resume. In order to verify such information, I hereby authorize all persons, schools, companies and law enforcement agencies to release any records or any other information they may possess relating to my application for employment. I also release any individual, partnership or corporation which presently or formerly employed me, any school I attended, their officers, agents and employees and any law enforcement agency from any liability, claims or damages for issuing such information in good faith and without malice.

Should I become an employee at this organization, I also release UPCARE Technology, Inc. from any liability, claims, or damages for issuing such information in good faith and without malice to other individuals/institutions who have a legitimate and common interest in the subject matter.

**I realize that falsification or omissions of any information on this application, in my resume, or during any interview, will be grounds for rejection of my application or if I am offered employment, discharge at any time during my employment.** I understand a conditional offer of employment may be based on results of a post-hire medical examination. I also understand that any falsification or omission of information in connection with any medical examination will be grounds for rejection of my application or discharge at any time if I am offered employment. **I also understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.**

If offered employment, I will submit to any medical examinations and drug tests deemed necessary by UPCARE Technology, Inc. to evaluate my physical and mental fitness for employment and that my employment is conditioned upon passing the medical evaluation. If employed, I will submit to any physical or mental examination deemed necessary by UPCARE Technology, Inc. to determine my continued fitness to perform the duties of the job, or whenever such medical examinations are required by state or federal law. If employed, I agree to observe at all times all company rules and regulations. I also understand that I must continue to be available to work on any shift or in any area where I am needed.

I acknowledge and agree that should I, once employed or as an employee, be subsequently arrested or convicted of one or more criminal offenses; (1) attempt or conspiracy to commit a felony; (2) misdemeanor, involving abuse, neglect, assault, battery or criminal sexual conduct involving fraud or theft against a vulnerable adult as defined in Section 145m of the Michigan Penal Code. I will notify this employer in writing within twenty-four (24) hours of the event.

I authorize UPCARE Technology, Inc. to conduct a thorough investigation of my past employment, background, criminal history, education, and activities. I agree to cooperate in such investigation and release and discharge from all liability, responsibilities, claims or damages of any kind or nature UPCARE Technology, Inc. and any other persons or entities requesting or supplying information pursuant to such investigation. I understand that, if I am offered employment, my employment will be contingent upon me successfully passing, in UPCARE Technology, Inc.'s discretion, any investigation conducted by UPCARE Technology, Inc. I further authorize UPCARE Technology, Inc. to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal or proper interest.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

- - - - - **APPLICANTS DO NOT WRITE BELOW THIS POINT** - - - - -

**INTERVIEWERS REPORT:**

Interviewed by: _____	Date: _____
Appearance: _____	Speech: _____
Dress _____	Aggressiveness: _____
Personality: _____	Ambitions: _____
Remarks: _____	
Applicant is (check one): <input type="checkbox"/> Recommended for employment <input type="checkbox"/> To be considered for future employment <input type="checkbox"/> Rejected	

**FOR HUMAN RESOURCES USE:**

Job Title: _____	
Start Date: _____	
Salary/Wage: \$ _____	Yrs of Experience: _____
Circle One:      Full Time      or      Part Time	

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## NOTICE/AUTHORIZATION FOR BACKGROUND SEARCH

In connection with my application for employment, I understand that UPCARE Technology, Inc. may conduct an investigation of my background including a criminal history check, for employment purposes. I also understand that, if I am hired, an investigation of my background may be conducted during the course of my employment.

I am aware that the background investigation will include a criminal history check and may also include information regarding my prior employment, driving record (if relevant to the job), civil history, character, general reputation, personal characteristics, or mode of living.

By providing the information requested below and signing this "Notice/Authorization", I authorize UPCARE Technology, Inc. to conduct a thorough investigation of my past employment, background, criminal history, education, and activities. I agree to cooperate in such investigation and release and discharge from all liability, responsibilities, claims or damages of any kind or nature UPCARE Technology, Inc. and any other persons or entities requesting or supplying information pursuant to such investigation. I understand that, if I am offered employment, my employment will be contingent upon me successfully passing, in UPCARE Technology, Inc.'s discretion, any investigation conducted by UPCARE Technology, Inc. I further authorize UPCARE Technology, Inc. to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with a legal or proper interest.

I acknowledge that a facsimile or photographic copy of this signed "Notice/Authorization" will be as valid as the original.

Print Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### LIST ALL WITHIN 15-YEARS (use back if necessary):

Current Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

Former Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_