UA Mainenance, LLC is an equal opportunity employer and will not discriminate, or tolerate discrimination or retaliation against any employee or applicant based on race, religion, creed, color, sex, national origin, military status, sexual orientation, marital status, disability, predisposing genetic characteristics, status as a victim of domestic violence, or any other category protected by local, state, or federal law. Applicants who require reasonable accommodation during the application process may contact the Office Manager.

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| **Personal Information** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *First M.I. Last C* | *Social Security*  *Number* | *Cell Phone Home Phone* |

|  |  |  |
| --- | --- | --- |
|  |  | |
|  | | *Address City Sate Zip Code E-Mail Address* |

If under 18 years of age, do you have a work permit?  Yes  No

Are you eligible to work in the U.S.?  Yes  No

(if requested, you must provide proof of idenity and eligibility to work in the U.S.)

Have you ever been convicted of a crime?  Yes  No

*(Answering yes to this question does not automatically make you ineligble for*

*employment with UA Maintenance, LLC)*

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| **Employment Desired** |

Position applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date you can start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any days or weekends you are not available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

Did you graduate from High School or receive a general education development diploma?  Yes  No

Did you graduate from college/other school?  Yes  No

Name of last School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or License and License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vocational School, or Other Training Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Military Service Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Professional References** |

Please give the names of three people not related to you, whom you have known professionally at least three years.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: | ADDRESS: | RELATIONSHIP: | CONTACT: |
|  |  |  |  |
|  |  |  |  |
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| **Employment History** |

*List all your work experience (starting with your most recent employer).*

|  |  |  |
| --- | --- | --- |
| NAME OF PREVIOUS EMPLOYER: | NAME AND CONTACT (# or Email of Supervisor) | DATES EMPLOYED FROM and TO: |
|  |  |  |

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly Describe your job duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Were you subject to the Federal Motor Carrier Safety Regulations FMCSR while employed by previous employer?  Yes \_\_\_\_\_ No \_\_\_\_\_\_  Was position subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?  Yes \_\_\_\_\_ No \_\_\_\_\_\_\_ |

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| **Employment History (con’t)** |

*#2 Employer*

|  |  |  |
| --- | --- | --- |
| NAME OF PREVIOUS EMPLOYER: | NAME AND CONTACT (# or Email of Supervisor) | DATES EMPLOYED FROM and TO: |
|  |  |  |

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly Describe your job duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Were you subject to the Federal Motor Carrier Safety Regulations FMCSR while employed by previous employer?  Yes \_\_\_\_\_ No \_\_\_\_\_\_  Was position subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?  Yes \_\_\_\_\_ No \_\_\_\_\_\_\_ |

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| --- |
| **Employment History (con’t)** |

*#3 Employer*

|  |  |  |
| --- | --- | --- |
| NAME OF PREVIOUS EMPLOYER: | NAME AND CONTACT (# or Email of Supervisor) | DATES EMPLOYED FROM and TO: |
|  |  |  |

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly Describe your job duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Were you subject to the Federal Motor Carrier Safety Regulations FMCSR while employed by previous employer?  Yes \_\_\_\_\_ No \_\_\_\_\_\_  Was position subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?  Yes \_\_\_\_\_ No \_\_\_\_\_\_\_ |

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| **Employment History (con’t)** |

*#4 Employer*

|  |  |  |
| --- | --- | --- |
| NAME OF PREVIOUS EMPLOYER: | NAME AND CONTACT (# or Email of Supervisor) | DATES EMPLOYED FROM and TO: |
|  |  |  |

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly Describe your job duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Were you subject to the Federal Motor Carrier Safety Regulations FMCSR while employed by previous employer?  Yes \_\_\_\_\_ No \_\_\_\_\_\_  Was position subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?  Yes \_\_\_\_\_ No \_\_\_\_\_\_\_ |

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| Equipment Experience |

|  |  |  |  |
| --- | --- | --- | --- |
| **LOADERS** | **EXCAVATORS** | **BOB CAT** | **OTHER** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Employment at UA Maintenance, LLC is voluntary and is “at-will.” “At-will” means that you are free to quit or resign at any time, with or without cause. Likewise, “at-will” means that UA Maintenance, LLC may terminate your employment at any time, with or without cause or advance notice, as long as we do not discriminate based on any protected category. I understand and acknowledge that no representative of the company has the authority to enter into an employment contract or any agreement that is contrary to the stated policy of employment “at-will” unless that agreement is signed by the owner of UA Maintenance, LLC.

**I give the Company permission to contact all or any of my previous employers and references using a consumer reporting agency (CRA) in compliance with the Federal Credit Reporting Act. I authorize previous employers and listed references to disclose any information the Company may request in the course of its investigation of this application for employment, and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures.**

After a Contingent offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references, satisfactory verification of qualifications, satisfactory results of Drug Test, satisfactory completion of required documentation and satisfactory completion of any job-related medical examination.

I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company’s expense. I understand that if I refuse to take the test, my employment may be terminated immediately.

By signing this application, I declare that the information provided by me is complete and true to the best of my knowledge. I authorize UA Maintenance, LLC, or a party acting on behalf of UA Maintenance, LLC, to verify accuracy of the information provided and to obtain reference information on my work performance. I hereby release UA Maintenance, LLC and all parties authorized to work on their behalf, from any/all liability of whatever kind of nature which, at any time, could result from obtaining, and having an employment decision based on, such information. I understand that any misrepresentation or omission on this application may preclude me from receiving an offer of employment, and may result in the withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time of the misrepresentation or omission is discovered.

**Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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