### **UMOM New Day Centers (UMOM)**

**An Equal Opportunity Employer** 

## **Employment Application**

It is the policy of UMOM to provide equal opportunity for all qualified persons and not to discriminate against any employee or applicant for employment because of age, race, religion, color, sex, national origin or disability.

PLEASE PRINT AND MAKE SURE YOUR ANSWERS ARE LEGIBLE AND THAT THE APPLICATION HAS BEEN COMPLETED IN FULL. SUPPLY ALL INFORMATION WHETHER OR NOT A RESUME IS SUPPLIED.

FOR EMPLOYER USE ONLY Please check one and submit all applications to HR.

- ☐ Applicant not interviewed
- $\hfill\square$  Applicant interviewed-not selected for hire
- ☐ Applicant interviewed-selected for hire

Name	CITY State: Home Phone/Messag	STATE		HOW LONG
Current Address  LAST  Driver's License #:  Social Security Number  Have you ever applied or been employed by UMC  If yes, when WI  Are any of your relatives currently employed by U  If yes, list name(s) and relationship	CITY State: Home Phone/Messag	STATE	Expiration Date:	
LAST  Driver's License #:  Social Security Number  Have you ever applied or been employed by UMC  If yes, when WI  Are any of your relatives currently employed by U  If yes, list name(s) and relationship	State: Home Phone/Messag		Expiration Date:	
Social Security Number  Have you ever applied or been employed by UMC  If yes, when WI  Are any of your relatives currently employed by U  If yes, list name(s) and relationship	Home Phone/Messag			
Have you ever applied or been employed by UMC  If yes, when WI  Are any of your relatives currently employed by U  If yes, list name(s) and relationship		e	Business Phone	
If yes, when WI Are any of your relatives currently employed by U If yes, list name(s) and relationship	OM? □YES □NO			
Are you at least 18 years old?   YES   NO  Have you ever been convicted of a crime?   Y  If yes, give date, place and nature of crime (Conv	JMOM? □ YES □ NO  u are eligible to work in the U  If not, do you have a wor  YES □ NO	Jnited States? ☐ YESk permit? ☐ YES ☐ I	S □ NO NO	
	EMPLOYMENT D	DESIRED		
Position applying for				
Wage or salary desired	Date avai	lable for work		
Applying for? ☐ Full Time ☐ Part Time, seekir	ng	hours per week		
Are you willing to work overtime as required? □				
Will you work nights? ☐ YES ☐ NO Weeke		olidays? □ YES □ NC		

WORK EXPERIENCE								
Please note: If you were known by	y another name at a previous place o	f employment or at so	hool, please state the other name and the date	of				
use:								
	mation about your former employer							
			State Zip					
Your title			Supervisor Telephone #					
Employed from	Until							
	Final Wage							
Reason for leaving								
Describe your job duties								
Please provide the following inform	mation about your former employer							
Company Name		_ Telephone #						
Address	City		State Zip					
Your title	Supervisor Name		Supervisor Telephone #					
Employed from	Until							
Starting wage								
Reason for leaving								
Describe your job duties								
	mation about your former employer	Talanha sa #						
Company Name		_ Telephone #	Charles 7:in					
	•		State Zip					
			Supervisor Telephone #					
Employed from								
Starting wage	_							
Describe your job duties								
IF THERE ARE ADDITIONAL EMPLOYERS, PLEASE ASK FOR WORK EXPERIENCE ADDENDUM.								
	If there is a particular employer(s) you do not wish us to contact, please indicate which one(s):							
I hereby give permission to contact the employers above concerning my prior work experience.								
		Signed						

	EDUCATION			
Name, city, state of high school				
Course/Major Diploma or attending				
Name, city, state of college or university _				
Major/Minor Degree or credits				
Name, city, state of other formal schooling _				
Course/Major _	Diploma or attending			
	SKILLS			
For the position you are applying for, what special job skills do you have?				
If job related, indicate skill level for:  Typingwpm Word Processing (system)  Personal computer (hardware/software)  Other				
HOW WERE YOU REFERRED TO UMOM				
□ Employee □ Advertisement □ State or Local Agency □ Employment Agency □ School □ Other  Please specify your referral source				
REFERENCES				
Give the names of three persons, not related to you, whom you have known for at least one year:  NameYears Known				
	Phone			
Name	Years Known			
Address	Phone			
Name	Years Known			
Address	Phone			

	CERTIFICATION AND AGREEMENT			
I certify that all the information on this appli training on this application.	cation is true and correct. I also certify that I have a	ccounted for all my work experience and		
given in my application for employment, relatinformation requested by UMOM, Inc. and	make a thorough investigation of my entire work and the papers, or oral interviews. I authorize such investigation are lease from liability any person giving or receiving by information discovered as a result of this investigation.	gation and the giving and receiving of any any such information. I understand that		
I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that UMOM, Inc. can change wages, benefits and conditions of employment at any time. I further understand my employment can be terminated with or without cause and with or without notice at any time at the option of either UMOM, Inc. or myself.				
I have read and understand the above.				
Applicant Name (printed):	Signature of Applicant	Date		

		EMERGENCY CONTACT		
In case of emergency, notify_	Name		Relationship	
Address		Home Phone	Business Phone	

# DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES

IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT, AND, IF YOU ARE HIRED, IN CONNECTION WITH PROMOTION, REASSIGNMENT, OR RETENTION, WE MAY OBTAIN A CONSUMER REPORT ABOUT YOU AS PART OF OUR DECISION-MAKING PROCESS. A "CONSUMER REPORT" IS A REPORT THAT CONTAINS INFORMATION REGARDING YOUR CREDIT WORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING.

BY YOUR SIGNATURE BELOW, YOU AUTHORIZE US TO OBTAIN A CONSUMER REPORT ABOUT YOU IN ORDER TO CONSIDER YOU FOR EMPLOYMENT, AND, IF YOU ARE HIRED, TO CONSIDER YOU FOR PROMOTION, REASSIGNMENT OR RETENTION.

NAME (PRINT)	
ADDRESS	
SIGNATURE	
SOCIAL SECURITY NO.	

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# **Affirmative Action Applicant Data Form**

UMOM, Inc. is committed to providing equal employment opportunities free of discrimination on the basis of race, religion, color, sex, national origin, age, disability, sexual orientation or status as a disabled or Vietnam era veteran. As part of our Affirmative Action Program, UMOM seeks to collect demographic information from our job applicants. Provision of this information is voluntary and only will be used to monitor the success of UMOM's recruitment efforts. The information you provide will be kept confidential by UMOM's Human Resources Department and will not be used in any way to evaluate your qualifications for employment.

This information is voluntary. However, if you choose to complete this form, all information except for your name is required. Information provided will assist us in monitoring the success of our recruitment efforts. It is confidential and will not be used in any way to evaluate your qualifications for employment.

Date:							
Position Applied For:							
How did you learn of this vacancy?							
Gender:							
☐ Male	☐ Female						
Race/Eth	Race/Ethnicity (select one):						
	Non-Hispanic) Non-Hispanic)	<ul><li>☐ Hispanic</li><li>☐ Asian or Pacific Islan</li></ul>	nder	☐ American Indian	'Alaskan Native		
<u>Veterans</u>	Status:						
□ Not a V	eteran	☐ Veteran	☐ Disal	bled Veteran	☐ Vietnam Era Veteran		
<u>Disabled</u>	Status:						
□ Yes	□ No						

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