



**WORK EXPERIENCE**

Please note: If you were known by another name at a previous place of employment or at school, please state the other name and the date of use: \_\_\_\_\_

Please provide the following information about your former employer

Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your title \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Supervisor Telephone # \_\_\_\_\_  
Employed from \_\_\_\_\_ Until \_\_\_\_\_  
Starting wage \_\_\_\_\_ Final Wage \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Describe your job duties \_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about your former employer

Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your title \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Supervisor Telephone # \_\_\_\_\_  
Employed from \_\_\_\_\_ Until \_\_\_\_\_  
Starting wage \_\_\_\_\_ Final Wage \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Describe your job duties \_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about your former employer

Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Your title \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Supervisor Telephone # \_\_\_\_\_  
Employed from \_\_\_\_\_ Until \_\_\_\_\_  
Starting wage \_\_\_\_\_ Final Wage \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
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:

Typing \_\_\_\_\_ wpm 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:

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**CERTIFICATION AND AGREEMENT**

I certify that all the information on this application is true and correct. I also certify that I have accounted for all my work experience and training on this application.

It is my understanding that UMOM, Inc. may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by UMOM, Inc. and release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

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. \_\_\_\_\_

THIS PAGE LEFT BLANK INTENTIONALLY

# 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/Ethnicity (select one):**

White (Non-Hispanic)       Hispanic       American Indian/Alaskan Native  
 Black (Non-Hispanic)       Asian or Pacific Islander

**Veterans' Status:**

Not a Veteran       Veteran       Disabled Veteran       Vietnam Era Veteran

**Disabled Status:**

Yes     No

THIS PAGE LEFT BLANK INTENTIONALLY