



APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI _____
 Position Applying for: _____
 Date Available: _____ Desired Salary: _____
 Mailing Address: _____ City/State/Zip _____
 Phone: _____ Email: _____

EDUCATION

High School: _____ Address: _____
 From: _____ to _____ Did you graduate? Yes No Degree: _____
 College: _____ Address: _____
 From: _____ to _____ Did you graduate? Yes No Degree: _____
 Other: _____ Address: _____
 From: _____ to _____ Did you graduate? Yes No Degree: _____

PREVIOUS EMPLOYMENT

| | |
|------------------------------|-------------------------------------------------|
| Company: | Phone: |
| Address: | Supervisor: |
| Job Title: | Responsibilities: |
| Employed from _____ to _____ | Starting Salary \$ _____ Ending Salary:\$ _____ |

REASON FOR LEAVING: _____
 May we contact your previous supervisor for a reference? YES NO

| | |
|------------------------------|-------------------------------------------------|
| Company: | Phone: |
| Address: | Supervisor: |
| Job Title: | Responsibilities: |
| Employed from _____ to _____ | Starting Salary \$ _____ Ending Salary:\$ _____ |

REASON FOR LEAVING: _____
 May we contact your previous supervisor for a reference? YES NO

| | |
|------------------------------|-------------------------------------------------|
| Company: | Phone: |
| Address: | Supervisor: |
| Job Title: | Responsibilities: |
| Employed from _____ to _____ | Starting Salary \$ _____ Ending Salary:\$ _____ |

REASON FOR LEAVING: _____
 May we contact your previous supervisor for a reference? YES NO

REFERENCES

Please list three *professional* references

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Telephone |
| Address: | |

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Telephone |
| Address: | |

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Telephone |
| Address: | |

MILITARY SERVICE

| | | |
|------------------------------------------|-------------------|----|
| BRANCH | FROM | TO |
| Rank at Discharge | Type of Discharge | |
| If other than Honorable, please explain: | | |

APPLICANT STATEMENT AND SIGNATURE

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organization for furnishing information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employers service, whenever it is discovered.

Do NOT sign until you have read and understand the above applicant statement

I certify that I have ready, fully understand, and accept all terms of the foregoing applicant statement.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT FLOW SURVERY FORM

LAST NAME

FIRST NAME

MI

Position(s) for which you are applying

Date

Please read carefully:

UMMHC is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. UMMHC is required by federal regulation to report information as requested below. Your contribution of this information is **completely voluntary** and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential and will be maintained separate from your application/resume.

PLEASE CHECK ONE

- Male
- Female

DISABILITY

Are you a person with a disability?

- Yes
- No

REFERRAL SOURCE

- Advertisement
- Walk-in
- Other: _____

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP

- American Indian or Alaska Native
- Asian or Pacific Islander
- African American
- Hispanic or Latino
- Caucasian
- Two or more races

- Employee Referral _____
- School/College

***This form in not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying, or if you need accommodations during the application or interview process, please notify the Human Resources officer at 218-751-3280.

An Equal Opportunity, Affirmative Action Employer