## EMPLOYMENT APPLICATION FORM

Please complete and return all 3 pages of this form directly to our head office or fax to: + 1 (424) 675-3405 or email to: hr@uninetimaging.com

				DATE	≣
Full Name (last, first, middle	e)				
Present address (number, s	treet, city, state, zip)				
How long?	Telepho	ne ( )		Cell Phone ( )	
Position applied for	Salary o	Salary desired (be specific)		When would you be available?	
Have you ever applied to thi	s company before?	YES NO	If yes, w	hen?	
How did you hear from us?	☐ Newspaper Ad ☐	Website Re	ferred by		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	ı	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School					
College					
Business or Trade School					
Professional School					
Have you ever been convicte	ed of a felony? 🗌 YES	□ NO			
If yes, explain number of comitted, sentence(s) imposed	d, and type(s) of rehabi			-	
If hired, can you provide pro	oof of your eligibility to v	work in the United St	ates? 🗌 YE	S NO	



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## **WORK EXPERIENCE**

Please list your work experience for the past ten years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer	Employment dates:	From	_ To
Address (number, street, city, state, zip)		_ Telephone (	)
May we inquire? ☐ YES ☐ NO Name of last supervisor	Your la	st job title	
Salary: Start Final Reason for	leaving (be specific)		
List jobs you held, duties performed, skills used or learned, ac	lvancements or promotions w	nile you worked a	at this company:
Name of employer	Employment dates:	From	_ To
Address (number, street, city, state, zip)		_ Telephone (	)
May we inquire? $\square$ YES $\square$ NO Name of last supervisor $\_$	Your la	st job title	
Salary: Start Final Reason for	leaving (be specific)		
List jobs you held, duties performed, skills used or learned, ac	lvancements or promotions w	nile you worked a	at this company:
Name of employer	Employment dates:	From	_ To
Address (number, street, city, state, zip)		_ Telephone (	)
May we inquire?   YES   NO Name of last supervisor	Your la	st job title	
Salary: Start Final Reason for	leaving (be specific)		
List jobs you held, duties performed, skills used or learned, ac	Ivancements or promotions w	nile you worked a	at this company:
Name of employer	Employment dates:	From	To
Address (number, street, city, state, zip)			
May we inquire? ☐ YES ☐ NO Name of last supervisor			
Salary: Start Final Reason for	leaving (be specific)		
List jobs you held, duties performed, skills used or learned, ac	Ivancements or promotions w	nile you worked a	at this company:



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COMPUTER SKILLS			
Excel Basic Intermediate	Advanced Word Ba	asic Intermediate Advanced	
Other skills			
REFERENCES Please list two professional reference	es other than relatives or previous e	mployers.	
Name	Position	Company	
Address		Telephone ( )	
Name	Position	Company	
Address		Telephone ( )	
	e cause for denial of employment or	and that the falsification, misrepresentation or o immediate termination of employment regardles	
I understand that submission of an employment be extended by UniNet I may be terminated by either UniNet I documents, policies, procedures, ac process is deemed a contract of employment authorized by either UniNet I documents, policies, procedures, ac process is deemed a contract of employments.	application does not guarantee em Imaging that such employment with maging or myself at any time, with o ctions, statements of UniNet Imagir ployment real or implied. I understa ority to enter into any agreement gua	aployment. I further understand that, should an UniNet Imaging is at will, for no specified durator without cause or notice. I understand that noning or its representatives used during the empland that no representative of UniNet Imaging expands aranteeing any conditions of employment or any note must be made in writing and signed by the I	offer of tion and the of the loyment cept the y agree
I herby authorize any and all schools,	ging and/or any of its representative	ts and any others who have information about mores, agents or vendors and I release all parties inviding such information.	
BY SIGNING BELOW I ACKNOWLEDG	SE THAT I HAVE READ, UNDERSTOO	OD AND AGREE TO THE ABOVE STATEMENTS.	
Date Signature _		Interviewed by	



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