



UMAR Employment Application
 5350 77 Center Dr., Suite 201
 Charlotte, NC 28217
Recruiting@UMARinfo.com
 704-274-2835 (fax)

Thank you for your interest in UMAR. It is our policy to hire the best-qualified individual(s) available. Although everyone who applies cannot be hired, your application, if completed properly, will be given every consideration.

UMAR is an Equal Opportunity Employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, handicap, sexual orientation or veteran status.

GENERAL INFORMATION:		Date of Application: _____	
LAST NAME:		FIRST NAME:	
MIDDLE INITIAL:			
PRESENT ADDRESS:		CITY:	STATE: ZIP:
EMAIL ADDRESS:			
HOME PHONE:	CELL PHONE:	HOW DID YOU HEAR ABOUT UMAR?	
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? ___YES___NO		ARE YOU OVER THE AGE OF 18? ___YES___NO	
TYPE OF POSITION(S) PREFERRED:			
SALARY OR HOURLY RATE EXPECTATIONS:		LOCATION(S) INTERESTED IN / DISTANCE (miles)?	
DATE AVAILABLE FOR EMPLOYMENT:			
HOURS PREFERRED/ SHIFTS PREFERRED: (Select all) Full-Time Part-Time PRN (On-call) Days, Nights, Weekends, Live In-7on/7 off, Split Shifts, Rotating Shifts, Over-time			REFERRED BY:
DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO			STATE ISSUED:
HAVE YOU EVER BEEN EMPLOYED BY UMAR? YES NO		IF YES, DATES:	LOCATION:
DO YOU KNOW ANYONE WHO WORKS FOR UMAR? YES NO		RELATIONSHIP:	NAME:
HAVE YOU LIVED IN STATE OF NORTH CAROLINA CONSISTENTLY FOR THE PAST 5 YEARS? ___YES ___NO			

EMPLOYMENT HISTORY:

If you are presently employed, may we contact your employer? YES [] NO []

Please list most recent positions, first.									
NAME OF COMPANY:				ADDRESS:					
				CITY:				STATE	ZIP
FROM:		TO:		TELEPHONE:			SUPERVISOR:		
MO:	YR:	MO:	YR:						
POSITION:				DUTIES:					
Start Salary:		End Salary:		REASON FOR LEAVING:					
NAME OF COMPANY:				ADDRESS:					
				CITY:				STATE	ZIP
FROM:		TO:		TELEPHONE:			SUPERVISOR:		
MO:	YR:	MO:	YR:						
POSITION:				DUTIES:					
Start Salary:		End Salary:		REASON FOR LEAVING:					
NAME OF COMPANY:				ADDRESS:					
				CITY:				STATE	ZIP
FROM:		TO:		TELEPHONE:			SUPERVISOR:		
MO:	YR:	MO:	YR:						
POSITION:				DUTIES:					
Start Salary:		End Salary:		REASON FOR LEAVING:					
NAME OF COMPANY:				ADDRESS:					
				CITY:				STATE	ZIP
FROM:		TO:		TELEPHONE:			SUPERVISOR:		
MO:	YR:	MO:	YR:						
POSITION:				DUTIES:					
Start Salary:		End Salary:		REASON FOR LEAVING:					
NAME OF COMPANY:				ADDRESS:					
				CITY:				STATE	ZIP
FROM:		TO:		TELEPHONE:			SUPERVISOR:		
MO:	YR:	MO:	YR:						
POSITION:				DUTIES:					
Start Salary:		End Salary:		REASON FOR LEAVING:					

*REFERENCES TO BE LISTED ON REFERENCE PAGE PROVIDED (last page) AND SUBMITTED AS PART OF APPLICATON.

PREVIOUS ADDRESSES: (If you have not lived in NC for past 5 years)

Street Address	City	State

EDUCATION & TRAINING: Please indicate education/ training which you believe qualifies you for the position you are seeking.

SCHOOL	NAME & LOCATION	MAJOR COURSE OF STUDY	COMPLETED	YEAR GRADUATED	TYPE OF DEGREE
HIGH SCHOOL			1 2 3 4		
BUSINESS OR TECHNICAL			1 2 3 4		
COLLEGE OR UNIVERSITY			1 2 3 4		
GRADUATE SCHOOL			1 2 3 4		
DO YOU HAVE ANY SPECIAL SKILLS, TRAINING?			COMPUTER SKILLS – PLEASE DESCRIBE:		

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I hereby certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.) Additionally, I understand that, as a condition of employment, I will be required to successfully complete a pre-employment drug screen, criminal background check, and a motor vehicle report (driving record) if applicable for the position.

I understand that this application or subsequent employment does not create a contract of employment nor does it guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of UMAR and my employment may be terminated at any time, with or without cause, with or without notice. North Carolina is an "at will" state.

Applicants Signature: _____

Date: _____

REFERENCE DATA:

PLEASE LIST TWO PROFESSIONAL AND TWO PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU. STATE WHICH TYPE.			
REFERENCE #1	PROFESSIONAL	PERSONAL	
NAME			
BUSINESS OR HOME ADDRESS (STREET)			
CITY		STATE	ZIP
HOME OR CELL PHONE		BUSINESS PHONE	
REFERENCE #2	PROFESSIONAL	PERSONAL	
NAME			
BUSINESS OR HOME ADDRESS (STREET)			
CITY		STATE	ZIP
HOME OR CELL PHONE		BUSINESS PHONE	
REFERENCE #3	PROFESSIONAL	PERSONAL	
NAME			
BUSINESS OR HOME ADDRESS (STREET)			
CITY		STATE	ZIP
HOME OR CELL PHONE		BUSINESS PHONE	
REFERENCE #4	PROFESSIONAL	PERSONAL	
NAME			
BUSINESS OR HOME ADDRESS (STREET)			
CITY		STATE	ZIP
HOME OR CELL PHONE		BUSINESS PHONE	