## UNYTITE, INC. APPLICATION FOR EMPLOYMENT (Please use pen)

Unytite, Inc., is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, or religion, sex, pregnancy, sexual orientation, natural origin, marital status, age, ancestry, veteran status, physical or mental disability, or any other legally protected status.

Please exclude any information, which may indicate your race, color, religion sex, pregnancy, sexual orientation, national origin, marital status, age, ancestry, veteran status, physical or mental disability, or any other legally protected status.

Date:			
Name:			Telephone No.:
Last	First	MI	•
			Cell / Message Phone:
Address:No.	Street		
City	State		Zip Code
Type of employment desir	ed:Full Time_	Part Ti	me
Position Applied for:			Salary Desired:
Date Available for Work:			Referred to Unytite By:
Are you willing to work ar	ny shift? Yes	No	
Are you willing to work ov	vertime if required?	Yes	No
What hours are you availal	ble to work?		
Can you perform the funct	ions of any job with or v	vithout reaso	nable accommodations? Yes No
Some of our positions have	e certain physical charac	teristics that	make them difficult or impossible for some people to
do. Can You			
_	ish, and be able to commun		derstand instructions effectively, both verbally and in
writing? Calculate and under	stand basic arithmetic?		
Sit, Stand, Kneel, Ci			
Lift up to 50 lbs.?	oden und stoop.		Yes No
Work around oil and	l oil mist?		
If you answered NO to any	of the above questions	please expla	in:
Are you at Least 18 years old	? Yes No	If hired, ca	n you furnish proof of your age? Yes No
Are you legally authorized to	work in the U.S.?	Yes	No
Do you have any relatives or	friends working at Unvtite	. Inc.?	Yes No If yes please provide name:
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EDUCATION						
Circle highest Grade						
High School	9	10	11	12		
College, Trac		2	3	4		
Graduate Stu						
If you did no	t graduate from High	School, did you	complete your C	G.E.D.? _	Yes	No
HIGH SCHOOL						
School Name	2:					
City				State		
City				State		
COLLEGE/UNIVER	SITY					
School Name	2:					
				State		
City				State		
Major/Minor	:		G	raduated: _	Yes	No
Degree:	Associates	Bachelors	Mast	ters		
City:	SINESS/OTHER  ::  ady:			State:	Yes	
000150 01 200				_		1,0
Have you ever applie If yes: When	d for a position with n?		ore? Yes What posi	No ition?		
Have you ever worke			Yes			
If yes: When	n?		What Pos	ition?		

## **WORK EXPERIENCE**

Please list all employment for the past 10 years, including times of not working, starting with the most recent position. If there is not a 10-year history, please fill out as far back as possible. All information MUST be completed. You may attach a resume, but not in place of completing the required information.

Employed From:/	Employed Until:/		
Company Name:			
Company Address:			
Supervisor's Name:	Supervisor Phone Number:		
Job Title:			
Duties & Responsibilities:			
Starting Salary: \$/hr.	Ending Salary: \$/hr.		
Reason for leaving:			
Employed From:/	Employed Until:/		
Company Name:			
Company Address:			
Supervisor's Name:	Supervisor Phone Number:		
Job Title:			
Duties & Responsibilities:			
Starting Salary: \$/hr.	Ending Salary: \$/hr.		
Reason for leaving:			
Employed From:/	Employed Until:/		
Company Name:			
Company Address:			
Supervisor's Name:	Supervisor Phone Number:		
Job Title:			
Duties & Responsibilities:			
Starting Salary: \$/hr.	Ending Salary: \$/hr.		
Reason for leaving:			

## WORK EXPERIENCE (Continued)

Please list all employment for the past 10 years, including times of not working, starting with the most recent position. If there is not a 10-year history, please fill out as far back as possible. All information MUST be completed. You may attach a resume, but not in place of completing the required information.

Employed From:/	Employed Until:/
Company Name:	
Company Address:	
Supervisor's Name:	Supervisor Phone Number:
Job Title:	
Duties & Responsibilities:	
Starting Salary: \$/hr.	Ending Salary: \$/hr.
Reason for leaving:	
Employed From:/	Employed Until:/
Company Name:	
Company Address:	
Supervisor's Name:	Supervisor Phone Number:
Job Title:	
Duties & Responsibilities:	
Starting Salary: \$/hr.	Ending Salary: \$/hr.
Reason for leaving:	
Employed From:/	Employed Until:/
Company Name:	
Company Address:	
Supervisor's Name:	Supervisor Phone Number:
Job Title:	
Duties & Responsibilities:	
Starting Salary: \$/hr.	Ending Salary: \$/hr.
Reason for leaving:	

# **SKILLS**

INDUS	STRIAL		EXPLAIN: Where, When, What Type
	Assembly	Yrs	
	Electronic Assembly	Yrs	
	Forklift	Yrs	
	General Labor	Yrs	
	Inspection	Yrs	
	Material Handling	Yrs	
	Packaging	Yrs	
	Shipping & Receiving	Yrs	
	Sorting	Yrs	
	Warehouse	Yrs	
INDUS	STRIAL EQUIPMENT		
	Blue Prints	Yrs	
	Calipers	Yrs	
	Micrometers	Yrs	
	Tools	Yrs	
MACH	IINE OPERATORS/SKI	LLED POSITIONS	
	CNC	Yrs	
	Drill Press	Yrs	
	Grinder	Yrs	
	Crane	Yrs	
	Hoist	Yrs	
	Lathe	Yrs	
	Metal Shear	Yrs	
	Punch Press	Yrs	
	Set Up	Yrs	
	Electrician	Yrs	
	Machinist	Yrs	
	Machine Maintenance	Yrs	
	Tool and Die	Yrs	
	Welder	Yrs	
	Auto Mechanic	Yrs	
	Diesel Mechanic	Yrs	
П	Lab Technician	Yrs	

#### WORK REFERENCES

Name	Company	Title	Address	Phone Number

### **ACKNOWLEDGEMENTS**

Please read this section carefully

The information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, in my application, other employment documents, or interview may be sufficient reason for not hiring me and/or dismissal.

I understand and agree that all information furnished in this application may be verified by Unytite, Inc. or its authorized representative. I waive any right I may have to be notified by any individuals and organizations named in this application prior to the release of any information to Unytite, Inc. I further authorize all individuals and organizations named in this application to give Unytite all information relative to such verification. I hereby release such individuals and organizations and Unytite, Inc from any and all liability for any claim or damage resulting thereof.

I understand that Unytite, Inc. is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment. This application does not bind either party for a specific period of time regarding employment. If hired, nothing in this application shall restrict my rights as an employee or Unytite's right as an employer to terminate my employment at any time.

Signature (sign, no not print)	Date
DRUG FREE WORKFORCE POLICY	
It is Unytite's policy to achieve a drug-free workforce and to provide a workplace that is free manufacture, distribution, abuse, possession, and/or use of drugs or controlled substances. A must take and pass a drug test after receiving an initial offer of employment. Any failure to may disqualify the applicant from employment. All applicants' rights to confidentiality and accordance with the law.	All applicants for employment take the test at scheduled times
CONSENT FOR DRUG TESTING	
I hereby consent to the urinalysis test and/or other drug screening to determine the presence in my system. I also consent to the release of these tests and other relevant medical informative release and agree to hold Unytite, the collection facility, the testing laboratory and their empty.	tion to Unytite, Inc. I hereby

from any liability to me based upon the testing procedure of the reporting of the test results.

Signature (sign, no not print)

### **VOLUNTARY EEO IDENTIFICATION**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to 'actors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is compliance with certain record keeping requirements. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against it employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name			Date			
Positio	n Applied for:					
Social Security No.		Date of Birth:		Sex: Male Female		
				Month/D	ay/Year	
Race/E	thnic Data:					
	White (Non-Hispanic)		Asian or Pacific Islander		American Indian or Alaskan Native	
	Black (Non-Hispanic)		Hispanic			
require is subm		opportunit	y for self-identification to candidat	es seeking	I veterans, and Vietnam Era veterans employment. Such self-identification ons, and without subjecting the	
	ed/Veteran Classification(s): Disabled Person		Vietnam Era Veteran		Special Disabled Veteran (30% or more disability)	

### **EXPLANATION OF THE CATEGORIES:**

White (Non-Hispanic panic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East

Black (Non-Hispanic): Persons having origins in any of the black racial groups of Africa.

**Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Disabled Individual:** Federal regulations define a disabled person as one who (I) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

**Vietnam Era Veteran:** Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more Than 180 days, any part of which occurred between August 5, 1964, -and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty *was* performed between August 5, 1964, and May 7, 1975.

**Special Disabled Veteran:** Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.