



UNYTITE INC.
INNOVATIVE FASTENING SYSTEMS

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: _____ **Email:** _____
 No. Street City State Zip Code

Type of employment desired: Full Time Part Time

Position Applied for: _____ Salary Desired: _____

Date Available for Work: _____ Referred to Unytite By: _____

Are you willing to work any shift? Yes No

Are you willing to work overtime if required? Yes No

What hours are you available to work? _____

Can you perform the functions of any job with or without reasonable accommodations? Yes No

Some of our positions have certain physical characteristics that make them difficult or impossible for some people to do. Can You.....

Read and write English, and be able to communicate and understand instructions effectively, both verbally and in writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculate and understand basic arithmetic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sit, Stand, Kneel, Crouch and stoop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lift up to 50 lbs.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work around oil and oil mist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered NO to any of the above questions please explain: _____

Are you at Least 18 years old? Yes No If hired, can 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 Unytite, Inc.? Yes No If yes please provide name: _____

EDUCATION

Circle highest Grade Completed:

High School	9	10	11	12
College, Trade	1	2	3	4
Graduate Studies				

If you did not graduate from High School, did you complete your G.E.D.? Yes No

HIGH SCHOOL

School Name: _____

City: _____ State: _____

COLLEGE/UNIVERSITY

School Name: _____

City: _____ State: _____

Major/Minor: _____ Graduated: Yes No

Degree: Associates Bachelors Masters

VOCATIONAL/BUSINESS/OTHER

School Name: _____

City: _____ State: _____

Course of Study: _____ Graduated: Yes No

Have you ever applied for a position with Unytite, Inc. before? Yes No

If yes: When? _____ What position? _____

Have you ever worked for Unytite, Inc. before? Yes No

If yes: When? _____ What Position? _____

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: _____	
Reason for leaving: _____	

Employed From: ___/___/___	Employed Until: ___/___/___
Company Name: _____	
Company Address: _____	
Supervisor's Name: _____	Supervisor Phone Number: _____
Job Title: _____	
Duties & Responsibilities: _____	
Reason for leaving: _____	

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Company Name: _____	
Company Address: _____	
Supervisor's Name: _____	Supervisor Phone Number: _____
Job Title: _____	
Duties & Responsibilities: _____	
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: _____	
Reason for leaving: _____	

Employed From: ___/___/___	Employed Until: ___/___/___
Company Name: _____	
Company Address: _____	
Supervisor's Name: _____	Supervisor Phone Number: _____
Job Title: _____	
Duties & Responsibilities: _____	
Reason for leaving: _____	

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Company Name: _____	
Company Address: _____	
Supervisor's Name: _____	Supervisor Phone Number: _____
Job Title: _____	
Duties & Responsibilities: _____	
Reason for leaving: _____	

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 from the illegal manufacture, distribution, abuse, possession, and/or use of drugs or controlled substances. All applicants for employment must take and pass a drug test after receiving an initial offer of employment. Any failure to take the test at scheduled times may disqualify the applicant from employment. All applicants’ rights to confidentiality and privacy shall be protected in accordance with the law.

CONSENT FOR DRUG TESTING

I hereby consent to the urinalysis test and/or other drug screening to determine the presence of drugs or their metabolites in my system. I also consent to the release of these tests and other relevant medical information to Unytite, Inc. I hereby release and agree to hold Unytite, the collection facility, the testing laboratory and their employees and agents harmless from any liability to me based upon the testing procedure of the reporting of the test results.

Signature (sign, no not print)_____ Date_____

VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors 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 its 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 _____
Position Applied for: _____
Social Security No. _____ Date of Birth: _____ Sex: Male Female
Month/Day/Year

Race/Ethnic Data:

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

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- Disabled Person Vietnam Era Veteran Special Disabled Veteran (30% or more disability)

EXPLANATION OF THE CATEGORIES:

White (Non-Hispanic 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 (1) 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.

AN EQUAL OPPORTUNITY EMPLOYER