



2017 - _____

Application for Employment

Thank you for your interest in employment with Utica Services. Utica Services is an equal opportunity employer. Applicants will receive consideration for employment without regard to race, color, sex, religion, national origin, citizenship, height, weight, marital status, disability, age, or any other legally-protected status. Utica Services may test applicants for drugs, and if tested, applicants must pass the drug test to be eligible for employment. You are not required to furnish any information that is prohibited by federal, state or local law.

Today's Date (MM/DD/YYYY): _____

Name: _____
Last First Middle Initial Other Last Name Used

Address: _____
Street City State Zip Code

Telephone (Day): _____ Telephone (Night): _____

Email Address: _____

Emergency Contact: _____
Name Phone

Are you eligible for employment in the United States for any U.S. employer?..... Yes No

Will you now, or in the future, require sponsorship for employment visa status? Yes No

If offered employment, you will be required to provide documentation to verify eligibility.

Indicate the position you desire: _____ Salary Expected: \$ _____/ yr.

How did you learn of this position? _____

Are you at least 18 years old? Yes No

Have you ever filed an application at Utica Services? Yes No If yes, give date (MM/DD/YYYY):

Have you ever been employed at Utica Services? Yes No If yes, give date (MM/DD/YYYY):

Are you employed now? Yes No If employed, when will you be available for employment (if selected)? (MM/DD/YYYY): _____

Are you available to work full-time? Yes No If no, explain: _____

Are you available to work any shift? Yes No If no, explain: _____

Are you on a lay-off and subject to recall? Yes No If yes, explain: _____

Are you available to travel if the job requires it? Yes No If no, explain: _____



EMPLOYMENT HISTORY

List your last three employers, beginning with the most recent.

Company: _____ Supervisor Name: _____

Telephone #: _____

Address: _____
Street City State Zip Code

Dates of Employment: From (MM/DD/YYYY) To (MM/DD/YYYY)

Position you held: _____ Salary: \$ _____ / yr.

Reason for Leaving: _____

May we contact this employer for a reference? Yes No If no, explain: _____

Company: _____ Supervisor Name: _____

Telephone #: _____

Address: _____
Street City State Zip Code

Dates of Employment: From (MM/DD/YYYY) To (MM/DD/YYYY)

Position you held: _____ Salary: \$ _____ / yr.

Reason for Leaving: _____

May we contact this employer for a reference? Yes No If no, explain: _____

Company: _____ Supervisor Name: _____

Telephone #: _____

Address: _____
Street City State Zip Code

Dates of Employment: From (MM/DD/YYYY) To (MM/DD/YYYY)

Position you held: _____ Salary: \$ _____ / yr.

Reason for Leaving: _____

May we contact this employer for a reference? Yes No If no, explain: _____

Have you ever been discharged from a previous employer? Yes No If yes, explain: _____

Have you ever resigned in lieu of discharge? Yes No If yes, explain: _____



EDUCATION HISTORY

High School: _____ Telephone #: _____

Address: _____
Street City State Zip Code

Diploma/ Degree/ GED Awarded? Yes No Final Cumulative GPA: _____ (A= _____)

Office, honors/ awards: _____

Part-time/ Seasonal work: _____

College/ University: _____ Telephone #: _____

Address: _____
Street City State Zip Code

Major Course of Study: _____

Diploma/ Degree Awarded? Yes No If no, total credit hours completed: _____

If yes, name of degree: _____

Final Cumulative GPA: _____ (A= _____)

Office, honors/ awards: _____

Part-time/ Seasonal work: _____

College/ University: _____ Telephone #: _____

Address: _____
Street City State Zip Code

Major Course of Study: _____

Diploma/ Degree Awarded? Yes No If no, total credit hours completed: _____

If yes, name of degree: _____

Final Cumulative GPA: _____ (A= _____)

Office, honors/ awards: _____

Part-time/ Seasonal work: _____

U.S. MILITARY EXPERIENCE

Branch: _____ Type of Duty: _____

Nature of Duties: _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize any special skills &/or qualifications acquired from previous employment, training or other experience:



ACKNOWLEDGMENT AND AUTHORIZATION

Please read carefully, initial each paragraph and sign below.

TRUTHFULNESS OF INFORMATION

I certify that the answers given by me on this application are true, correct and complete, to the best of my knowledge. I understand that any misstatement, misrepresentation, or omission of facts on this application or any documents used to obtain employment may result in rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery of the misstatement or omission. I further certify that I, the applicant, have personally completed this application.

Initials _____

AUTHORIZATION OF DISCLOSURES

I authorize Utica Services to investigate my references, prior employment, work record, education and other matters related to my suitability for employment and, further, authorize the references that I have listed, all prior employers, and all educational institutions attended, to disclose to Utica Services any letters, reports, and other information related to my records, including, but not limited to, my performance reviews and evaluations, discipline, commendations, awards, and all other employment information, without giving me prior notice of that disclosure. I understand and agree that they may express their opinions about me and my past or future performance. By providing this page of the application to the references, prior employers, and educational institutions attended, I release them, and their employees, managers, executives, board members, agents, or other representatives, to the fullest extent permitted by law, from any claims and liabilities for providing Utica Services with all information, and I release Utica Services and its employees, managers, executives, board members, agents or other representatives, to the fullest extent permitted by law, from any and all claims, and liabilities that may result from any use or disclosure of such information by Utica Services or any of its employees, managers, executives, board members, agents, or other representatives.

Initials _____

I understand that I may be required to undertake a physical examination in connection with my application for employment. I hereby authorize any physician or clinic to release to Utica Services the information derived from that examination as Utica Services requires. I waive and release any claims that I might have against Utica Services on account of the physical examination or the release of information from the physical examination to Utica Services.

Initials _____

DRUG TEST

I understand that Utica Services may require a pre-employment drug test for the position for which I am applying. I understand that Utica Services will not employ any applicant who is required to take a pre-employment drug test, but who refuses to sign a consent form or who fails to successfully pass the pre-employment drug test. Further, I authorize the collection site or testing laboratory that conducts the testing to release to Utica Services the results of the pre-employment drug test, and I agree to execute any further documents that may be necessary to allow the disclosure. I understand that Utica Services will not employ any applicant with a positive pre-employment drug test unless an adequate medical explanation for the positive reading is provided. I waive and release any claims based on the pre-employment drug test and the release of the drug test results to Utica Services.

Initials _____

COMPLIANCE WITH RULES, REGULATIONS, POLICIES, AND PROCEDURES

If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies, and procedures of Utica Services. Initials _____



AT-WILL EMPLOYMENT

IF HIRED, I AGREE THAT UTICA SERVICES CAN TERMINATE MY EMPLOYMENT AND COMPENSATION AT ITS WILL FOR ANY REASON OR NO REASON, EXCEPT AN ILLEGAL REASON, WITH OR WITHOUT CAUSE, AT ANY TIME, WITH OR WITHOUT ADVANCE NOTICE OR WARNING, AND THAT UTICA SERVICES DECISION IS NOT SUBJECT TO REVIEW OUTSIDE UTICA SERVICES (EXCEPT AS MAY BE PROVIDED BY THE APPLICABLE STATUTE). I UNDERSTAND AND AGREE THAT NO EMPLOYEE, MANAGER, EXECUTIVE, AGENT, BOARD MEMBER, OR ANY OTHER REPRESENTATIVE OF UTICA SERVICES, OTHER THAN THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TERMINABLE FOR CAUSE OR TO MAKE ANY ORAL OR WRITTEN REPRESENTATION OR AGREEMENT OR TO ESTABLISH ANY PRACTICE CONTRARY TO AT-WILL NATURE OF MY EMPLOYMENT RELATIONSHIP WITH UTICA SERVICES. I FURTHER UNDERSTAND AND AGREE THAT ONLY AN AGREEMENT IN WRITING EXPRESSLY FOR THE PURPOSE OF MODIFYING THE AT-WILL NATURE OF MY EMPLOYMENT AND SIGNED BY ME AND THE PRESIDENT OF UTICA SERVICES CAN MODIFY THE AT-WILL NATURE OF MY EMPLOYMENT. I UNDERSTAND AND AGREE THAT NO OTHER ORAL OR WRITTEN STATEMENT, POLICY, OR PRACTICE AND NO PROVISION OF UTICA SERVICES CAN CHANGE THE AT-WILL NATURE OF MY EMPLOYMENT.

Initials _____

I ALSO UNDERSTAND AND AGREE THAT, BY SIGNING THIS APPLICATION, I WOULD BE ACCEPTING EMPLOYMENT, IF HIRED, ON THE TERMS SET FORTH IN THIS APPLICATION AND THAT MY ACCEPTANCE OF SUCH EMPLOYMENT WOULD SUPERSEDE, REVOKE, CANCEL, AND NEGATE ANY PRIOR STATEMENTS, AGREEMENTS, PRACTICES, POLICIES, AND REPRESENTATIONS, ORAL OR WRITTEN, IF ANY, THAT Utica Services WOULD EMPLOY ME ON ANY TERMS OTHER THAN THE TERMS SET FORTH IN THIS APPLICATION.

Initials _____

EXPIRATION OF APPLICATION

This application will be null and void after 6 months if Utica Services does not hire me, and I will need to re-apply if I want to be considered for employment after the 6 month expiration of this application.

Initials _____

Printed Name

Signature

Date