



UJFT COMMUNITY CAMPUS, LLC APPLICATION FOR EMPLOYMENT

UJFT Community Campus, LLC is firmly committed to a policy of equal employment opportunity for all qualified persons without regard to race, color, religion, national origin, age, gender, non-disqualifying disability or veteran status.

GENERAL INFORMATION	Last Name				First Name		Full Middle Name		Other Names You Have Used			
	Street			City		State		Zip				
	()			()		()						
	Home Phone			Business Phone			Mobile Phone					
	How were you referred?				<input type="checkbox"/> School		<input type="checkbox"/> Other					
	<input type="checkbox"/> Walk-in				<input type="checkbox"/> Government Employment Agency							
	<input type="checkbox"/> Employee				<input type="checkbox"/> Private Employment Agency:							
	<input type="checkbox"/> Advertisement Source:											
	Have you ever been convicted of an offense other than a minor traffic violation?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	If yes, when?		Where?		Nature and disposition of offense?							
List ALL												
If hired, can you provide proof that you are legally eligible to work in the U.S.?								<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If Under 18, can you provide proof of eligibility to work?								<input type="checkbox"/> Yes		<input type="checkbox"/> No		

EMPLOYMENT DESIRED	What position are you applying for?						Salary Desired:		
	Please check if you have a valid state and/or commercial drivers license:			<input type="checkbox"/> State <input type="checkbox"/> CDL		If the position requires, are you willing to work overtime:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	What date are you available for employment?								
	Please list any qualifications you have which you feel would benefit your application, including any professional licenses and/or certifications:								

U.S. MILITARY	Branch of Service?				Type of Duty:			
	Active Duty Dates:				From:		To:	
	What specialized training did you receive?							

EDUCATION	TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	MAJOR FIELD OF STUDY	DID YOU GRADUATE?	DEGREE (Mo. & Yr. or expected date of completion)
	HIGH SCHOOL					
	COLLEGE OR UNIVERSITY					
	GRADUATE OR OTHER FORMAL EDUCATION					

PROFESSIONAL REFERENCES	NAME	ADDRESS Street, City, State & Zip Code	AFFILIATION	TELEPHONE NUMBER

EMPLOYMENT HISTORY		Please give past work experience, including service performed as an independent contractor, as completely as possible, starting with your most recent work experience. Include summer employment, unemployed or self-employed periods; show dates and locations. Use extra sheet if needed.			
Position Held:	Company Name & Address:			<input type="checkbox"/> Full time	
				<input type="checkbox"/> Part time	
				<input type="checkbox"/> Temp	
Type of business	Phone No.	Nature of Work		Employed	
				From:	To:
<input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Currently Employed	Reason for leaving:		Salary		
			Starting:	Final:	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held:	Company Name & Address:			<input type="checkbox"/> Full time	
				<input type="checkbox"/> Part time	
				<input type="checkbox"/> Temp	
Type of business	Phone No.	Nature of Work		Employed	
				From:	To:
<input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged	Reason for leaving:		Salary		
			Starting:	Final:	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held:	Company Name & Address:			<input type="checkbox"/> Full time	
				<input type="checkbox"/> Part time	
				<input type="checkbox"/> Temp	
Type of business	Phone No.	Nature of Work		Employed	
				From:	To:
<input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged	Reason for leaving:		Salary		
			Starting:	Final:	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Held:	Company Name & Address:			<input type="checkbox"/> Full time	
				<input type="checkbox"/> Part time	
				<input type="checkbox"/> Temp	
Type of business	Phone No.	Nature of Work		Employed	
				From:	To:
<input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged	Reason for leaving:		Salary		
			Starting:	Final:	
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Agreement:

On entering the employ of UJFT Community Campus LLC I agree to observe all the rules of my employer and governmental regulations which may apply to my duties. I understand that any continuation of my employment shall depend upon satisfactory replies on any background checks and from my references, acceptance by the bonding company and performance satisfactory at all times to my employer. I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated, with or without cause or notice, and without liability for doing so at any time. I understand that no representative of UJFT Community Campus LLC, other than its Executive Director, has authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, and that any such agreement, to be enforceable, must be in writing and signed by the Executive Director of the LLC.

I hereby acknowledge that UJFT Community Campus LLC or its agents may wish to conduct a complete investigation of my background and suitability to provide services to UJFT Community Campus LLC as an Employee. I hereby consent to and authorize the release to UJFT Community Campus LLC or its agents of any and all information in the possession of any police department or other law enforcement agency, department of motor vehicles, any other state or federal agency, any personnel representing any school which I have attended, any past or present employer, any bank or other financial institution, or any credit bureau or other credit reporting agency. My signature appearing hereon should be accepted by any of the above described persons or entities as my request to disclose information in their possession to UJFT Community Campus LLC or its agents. I hereby release from any and all liability UJFT Community Campus LLC and its agents including any persons or entities described above which either gathers or releases information pursuant to this consent and authorization.

I further consent to any testing as may be required by UJFT Community Campus LLC, including but not limited to drug and/or alcohol testing.

I certify that the information provided herein is true and complete to the best of my knowledge and belief. I understand and agree that providing false, incomplete, or misleading information will be grounds for a decision not to employ me or to terminate my employment immediately without liability for doing so.

Date

Applicant

UJFT Community Campus, LLC
5000 Corporate Woods Drive, Suite 200
Virginia Beach, VA 23462-4370
(757) 965-6123
(757) 961-3301 fax

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the UJFT Community Campus LLC and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release the UJFT Community Campus LLC, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. You may contact me as indicated below. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name: _____
 First Middle (full name) Last Maiden

Current address: _____
 Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: ____/____/____ SSN: ____/____/____

Driver's License Number: _____ Issuing State: _____

May we contact your current employer? Yes No

Have you been convicted of a felony, misdemeanor or traffic infraction? Yes No

If yes, please explain. _____

Signature: _____ Date: _____

Please print all former names used (maiden or AKA) and residences of the past seven (7) years (city, state and zip code). _____