



Unlimited Visions Aftercare, Inc.
Form: UVA1001 - Employee Application

Date: ___/___/___

Please complete Pages 1-8

Section I- Personal Information

Name: Last First Middle Maiden

Present Address: Number Street City State Zip

How Long Have You Lived at this Address: Social Security Number:

Telephone: Email Address:

Section II- Availability

Position Applied For: If Other, Please Describe:

Days/ Hours Available to Work (Please mark all that apply):

No Preference: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:

How many hours can you work weekly?:

Can You Work? : Evenings Weekends Both Neither

Employment Desired: Full-Time Only (30 Hrs) Part-Time Only (15 Hrs) Full or Part-Time

Section III- Education

Name of School Location (Complete Mailing Address) No. of Years Completed Major and Degree
High School

Not Applicable

Not Applicable

College

Business or Trade School

Professional School

Section IV- Computer Literacy Skills. (Please mark all that apply.)

Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	10-Key	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microsoft Word	<input type="checkbox"/> Yes <input type="checkbox"/> No	Microsoft Excel	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microsoft Outlook	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No
PC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Apple	<input type="checkbox"/> Yes <input type="checkbox"/> No

WPM: _____
 List any other computer software you are proficient at: _____

Section V- References (Please list two references other than relatives or previous employers.)

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Section VI- Criminal History

Have you ever been convicted of a crime? Yes No
 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

Section VII- Licensure

Driver's License

Do you have a Driver's License? Yes No

Driver's License Number: _____	State of Issue: _____	Expiration Date: _____ / _____ / _____
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Professional Licenses

License: _____	License #: _____	Expiration Date: _____ / _____ / _____
License: _____	License #: _____	Expiration Date: _____ / _____ / _____
License: _____	License #: _____	Expiration Date: _____ / _____ / _____

Section VIII- Military

Have you ever been in the Armed Forces?

 Yes

 No

Are you a member of the National Guard?

 Yes

 No

Specialty: _____

Date Entered: ____ / ____ / ____

Discharge Date: ____ / ____ / ____

Section IX- Work Experience

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give the firm name. Attach additional sheets if necessary.

Job One

Name of Employer: _____	Employment Dates	Salary
Your Last Job Title: _____	From: ____ / ____ / ____	Start: \$
Name of Last Supervisor: _____	To: : ____ / ____ / ____	Final: \$

Complete Address: _____

Phone Number: _____ Email Address: _____

List the jobs positions/titles you held: _____

Duties performed: _____

List skills used or learned, advancements and/or promotions while you were employed at this company: _____

Reason for leaving (be specific): _____

May we contact your present employer?

 Yes

 No

Job Two

Name of Employer: _____	Employment Dates	Salary
Your Last Job Title: _____	From: ____ / ____ / ____	Start: \$
Name of Last Supervisor: _____	To: : ____ / ____ / ____	Final: \$

Complete Address: _____

Phone Number: _____ Email Address: _____

List the jobs positions/titles you held: _____

Duties performed: _____

List skills used or learned, advancements and/or promotions while you were employed at this company: _____

Reason for leaving (be specific): _____

May we contact your present employer?

 Yes

 No

Job Three

Name of Employer: _____	Employment Dates	Salary
Your Last Job Title: _____	From: ____ / ____ / ____	Start: \$
Name of Last Supervisor: _____	To: : ____ / ____ / ____	Final: \$

Complete Address: _____

Phone Number: _____ Email Address: _____

List the jobs positions/titles you held: _____

Duties performed: _____

List skills used or learned, advancements and/or promotions while you were employed at this company: _____

Reason for leaving (be specific): _____

May we contact your present employer? Yes No

Job Four

Name of Employer: _____	Employment Dates	Salary
Your Last Job Title: _____	From: ____ / ____ / ____	Start: \$
Name of Last Supervisor: _____	To: : ____ / ____ / ____	Final: \$

Complete Address: _____

Phone Number: _____ Email Address: _____

List the jobs positions/titles you held: _____

Duties performed: _____

List skills used or learned, advancements and/or promotions while you were employed at this company: _____

Reason for leaving (be specific): _____

May we contact your present employer? Yes No

Job Five

Name of Employer: _____	Employment Dates	Salary
Your Last Job Title: _____	From: ____ / ____ / ____	Start: \$
Name of Last Supervisor: _____	To: : ____ / ____ / ____	Final: \$

Complete Address: _____

Phone Number: _____ Email Address: _____

List the jobs positions/titles you held: _____

Duties performed: _____

List skills used or learned, advancements and/or promotions while you were employed at this company: _____

Reason for leaving (be specific): _____

May we contact your present employer? Yes No

Section X- Additional Information

Did you complete this application yourself? Yes

No

If not, who did? _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe you full qualifications for the specific position for which you are applying.



Unlimited Visions Aftercare, Inc.
Form: UVA1019 – Application Waiver

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by UNLIMITED VISIONS AFTERCARE, INC. (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of UNLIMITED VISIONS AFTERCARE, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO (Chief Executive Officer) or MEO (Managing Executive Officer). Both the undersigned and UNLIMITED VISIONS AFTERCARE, INC. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company conducts Criminal Background Checks on all applicants therefore, I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. I further understand that my employment with the Company shall be introductory for a period of ninety (90) days, and further that at any time during the introductory period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Applicant Signature: _____

_____/_____/_____
Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.



Unlimited Visions Aftercare, Inc.

Form: UVA1006 – Employee Consent to Obtain D.P.S. Criminal Background Check

Date of Application: ____ / ____ / ____

Name of Applicant: _____

I, _____, do hereby give my
Applicant Full Name

consent to allow Unlimited Visions Aftercare, Inc. to conduct a criminal background check using Texas Department of Public Safety records. I understand that this documentation will be used to evaluate my future employment with Unlimited Visions Aftercare, Inc. If hired, I understand that this information will be placed in my personnel record, accessible only by the management of Unlimited Visions Aftercare, Inc.

Current Address

Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____

Personal Information

Driver's License Number: _____ State: _____
Date of Birth: ____ / ____ / ____ Height: _____ Weight: _____

Applicant Signature: _____ Date: ____ / ____ / ____



Unlimited Visions Aftercare, Inc.

Form: UVA1007 – Employment Consent for Pre-Employment Drug Screen

Name of Applicant: _____

According to our licensing authority, Texas Department of State Health Services, Unlimited Visions Aftercare, Inc. is required to submit all employees to a pre-employment drug test. The method of testing used will preserve the privacy of the individual tested and ensure the integrity and identity of the specimen collected. In addition, “chain of custody” procedures are in place and documentation on the handling and storage of the specimen is maintained.

I, _____, do hereby give my consent to allow
Applicant Full Name

Unlimited Visions Aftercare, Inc. to conduct a pre-employment drug test. I understand that documentation regarding this test will be used to evaluate my future employment with Unlimited Visions Aftercare, Inc. I understand that this information will be placed in my personnel record, accessible only by the management of Unlimited Visions Aftercare, Inc.

Please List Any Current Medication		
Name	Dosage	Frequency

Applicant Signature: _____

_____/_____/_____
Date:

Thank you for completing this application form and for your interest in Unlimited Visions. Please save your information and email your completed application as an attachment along with your resume and cover letter to hr@unlimitedvisions.org.