

UNIQUELY PROFOUND, LLC

6170 SHALLOWFORD ROAD, SUITE 103, CHATTANOOGA TN, 37421
PHONE: 423-779-4232

Date of Application:

NOTICE TO APPLICANT

(Please read carefully)

All statements made on this application form are subject to be checked for accuracy. All questions should be carefully, plainly, and specifically answered, giving further detailed information on additional sheets of paper if needed. Please write plainly, print or type.

Applicants are not required to give any information on this form that is prohibited by federal, state, or local laws. The use of this form does not mean there are any positions (jobs), open or in any way obligated Uniquely Profound, LLC.

Uniquely Profound, LLC. is an Equal Opportunity Employer dedicated to a policy of nondiscrimination in employment on any basis, including, without limitation, race, creed, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state or local law.

Note: ALL sections of this application must be completed to be considered for employment. Applications which are incomplete, illegible, missing information, or do not provide sufficient detail will automatically be disqualified from consideration and interviews of any kind will not be scheduled.

Last Name		First Name			Full Middle Name		
Street Address		Apt#	City		State	Zip	
Home phone		Business, Cell, or Other Phone			Maiden Name		
Email Address					Social Security #		
Are you a U.S. citizen?				Yes	No	Are you at least 18 years of age?	
Are you legally eligible for employment in the U.S.?				Yes	No	Yes	No
Have you ever been convicted of a crime other than minor traffic violations?						Yes	No
If "Yes," state offense, date, court, and place where offense (s) occurred							
A conviction record will not necessarily automatically disqualify you from employment. Such factors as when the offense occurred, seriousness and nature of conviction as related to position applied for will be considered.							
How did you learn about us? (check which applies)		Advertisement	Internet	Friend	Current Employee	Other: (Specify)	
Have you ever been employed with us before?				Yes	No	May we contact present employer?	
If "Yes," give position and date (s)						Yes	
What is your desired yearly salary range?						No	
List the job titles(s) for which you want to apply. List them in priority order.		#1			#2		

PERSONAL HEALTH STATEMENT (ONLY JOB-RELATED CONDITIONS ARE CONSIDER)

Are you able to perform, with or without a reasonable accommodation, the tasks of the job for which you have applied? YES NO

If an accommodation needed, how would you perform the tasks, and with what accommodation?

Are you willing to take a drug-screening test? YES NO
 (A physical examination may be required after an offer of employment is extended, and the employment offer will be made contingent upon successful passing of physical examination.)

Uniquely Profound, LLC. will not discriminate against any applicant for employment because of physical or mental disability regarding any position for which the applicant for employment is qualified.

CORRECTIVE ACTION

Have you ever been WARNED, DISCIPLINED, or TERMINATED by an employer in the past 5 years for: (indicate "Yes" or "No")

	Yes	No		Yes	No		Yes	No
Lateness	<input type="checkbox"/>	<input type="checkbox"/>	Convicted of a Felony	<input type="checkbox"/>	<input type="checkbox"/>	Taking or Misusing Tools, Merchandise or Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Absences	<input type="checkbox"/>	<input type="checkbox"/>	Falsifying Timecard	<input type="checkbox"/>	<input type="checkbox"/>	Giving Friends or Family Information Unauthorized Information	<input type="checkbox"/>	<input type="checkbox"/>
Horseplay	<input type="checkbox"/>	<input type="checkbox"/>	Cash Shortages	<input type="checkbox"/>	<input type="checkbox"/>	Incorrect Sales, Refunds or Receiving Records	<input type="checkbox"/>	<input type="checkbox"/>
Arguments	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Safety Rules	<input type="checkbox"/>	<input type="checkbox"/>	Inability to Get Along with Others	<input type="checkbox"/>	<input type="checkbox"/>
Fighting	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Work Rules	<input type="checkbox"/>	<input type="checkbox"/>	Poor Performance	<input type="checkbox"/>	<input type="checkbox"/>
Insubordination	<input type="checkbox"/>	<input type="checkbox"/>	Other (List here):				<input type="checkbox"/>	<input type="checkbox"/>

If any are "Yes," explain:

PERSONAL / PROFESSIONAL REFERENCES (Please do not include family members)

	Name	Phone Number	Best Time to Call	Occupation
1				
2				
3				

Note: Your application will remain active for 180 days. Should you still be interested in employment after 180 days, you must contact Human Resources to renew your application. It may be necessary for you to complete a new application.

EDUCATION

School	School Name & Address	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

TRAINING AND ADDITIONAL SKILLS

List any additional training, skills (computer, machines, and equipment), and / or courses relevant to the position for which you are applying.

ADDITIONAL INFORMATION

List Qualifications / Certifications. Summarize special job-related certifications, licenses and qualifications acquired from employment or other experience.

WORK EXPERIENCE

Employer	Address	Dates Employed		Work Performed
		FROM	TO	
Telephone Number				
Job Title		Hourly Rate / Salary		
Supervisor		STARTING	FINAL	
Reason for Leaving				
May we contact?	YES	NO		

WORK EXPERIENCE

Employer	Address	Dates Employed		Work Performed
		FROM	TO	
Telephone Number				
Job Title		Hourly Rate / Salary		
Supervisor		STARTING	FINAL	
Reason for Leaving				
May we contact?	YES	NO		

WORK EXPERIENCE					
Employer			Dates Employed		Work Performed
Address			FROM	TO	
Telephone Number					
Job Title			Hourly Rate / Salary		
Supervisor			STARTING	FINAL	
Reason for Leaving					
May we contact?	YES	NO			

WORK EXPERIENCE					
Employer			Dates Employed		Work Performed
Address			FROM	TO	
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Job Title			Hourly Rate / Salary		
Supervisor			STARTING	FINAL	
Reason for Leaving					
May we contact?	YES	NO			

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Address			FROM	TO	
Telephone Number					
Job Title			Hourly Rate / Salary		
Supervisor			STARTING	FINAL	
Reason for Leaving					
May we contact?	YES	NO			

Note: Include explanation of any employment gaps and if you have less than five years of employment.

VOLUNTARY SELF-IDENTIFICATION (Confidential - for statistical use only)

We are an Equal Opportunity Employer and do not discriminate based on race, creed, color, religion, sex, age, national origin, disability, veteran status, sexual orientation, or any other classification protected by Federal, State or Local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL

Date:		Position Applied For:	
Name:		Social Security Number:	
Gender:	Male	Female	Date of Birth:

ETHNIC ORIGIN

(Please check one of the descriptions below corresponding to the ethnic origin with which you most identify)

Black	Not of Hispanic origin.
Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.
Asian or Pacific Islander	All persons having origins in any of the original peoples of East Asia, Southeast Asia, the Indian Subcontinent of the Pacific Islands.
American Indian or Alaskan Native	All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
White	Not of Hispanic origin.

VETERAN STATUS (Please check one if it describes your veteran status)

Special Disabled Veteran	Means: (A), a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled pay, would be entitled to compensation), under laws administered by the Department of Veteran Affairs for a disability rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment disability or, (B), a person who was discharged or released from active duty because of a service-connected disability.
Vietnam Era Veteran	Means: A veteran, any part of whose active military, naval, or air service, was during the period August 5, 1964 through May 7, 1975 who (1) served on active duty for a period of more than 180 days and discharged or released therefrom with other than a dishonorable discharge, or, (2), was discharged or released from active duty because of a service-connected disability. No veteran can be a veteran of the Vietnam era under this paragraph after December 31, 1994.

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" Files, separately from personnel records!

PLEASE READ CAREFULLY

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation, or omission of fact on this application (or any other accompanying or required documents), may be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on Uniquely Profound, LLC. I understand this decision is to rest with Uniquely Profound, LLC.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of Uniquely Profound, LLC, and I understand that my employment and compensation can be terminated for any reason or for no reason, with or without notice, at any time, at the option of either Uniquely Profound, LLC, or myself. I understand that no representative of Uniquely Profound, LLC, other than the Director of Operations, has the authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing.

I understand that completion of the Application for Employment does not guarantee that I will be employed by Uniquely Profound, LLC.

I understand that Uniquely Profound, LLC requires the successful completion of a Comprehensive Background Check (including Registries), as a condition of employment. By submitting this Application for Employment, I hereby consent to a Comprehensive Background Check (including Registries).

Signed:

Date:

REMARKS (This space reserved for Employer)

[Empty space reserved for Employer remarks]