APPLICATION FOR EMPLOYMENT

U-LINE®

8900 N. 55th Street • MILWAUKEE, WI 53223
AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

Name _____ Date _____

TO ALL APPLICANTS

U-Line Corporation would like to thank you for filing your employment application with us and appreciates your interest in our company. Due to the volume of applications we receive, your application will be evaluated as quickly as possible. **Please refrain from placing phone calls to U-Line, as this will only delay the evaluation process.** Your application will however remain on file for future consideration. **Please be specific on your application regarding the position(s) for which you are applying**.

Incomplete applications will not be considered and will be kept in an inactive file. Although an applicant may submit a resume along with their application, the application form must be completed in its entirety for consideration.

U-Line Corporation is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal and state law. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

Thank you.

U-Line Corporation

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)	Mobile Telephone
Email Address	Home Telephone

Are there other names under which you have worked or attended school? ☐ Yes ☐ No
If yes, please list for reference checking purposes.

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No
Proof of authorization to work will be required if you are employed by U-Line Corporation.

Are you at least 18 years old? ☐ Yes ☐ No

If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? ☐ Yes ☐ No

If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted.

No applicant will be denied a position because of a pending criminal charge or conviction for (or plea of nolo contendere or no contest to) an offense or violation (whether criminal or otherwise), which U-Line Corporation determines is not substantially related to the circumstances of the job(s) sought.

Have you ever applied at U-Line before? ☐ Yes ☐ No If yes, when: Position applied for:	Have you ever worked at U-Line before? ☐ Yes ☐ No If yes, when: If yes, Name then (if different): Position: Reason for leaving:

Position Applying For	Part-Time or Full-Time Desired	Salary Preference

When can you start?

How were you referred to U-Line Corporation? ☐ Agency ☐ Company Website

☐ Friend/Relative_____ ☐ Social Media ☐ School ☐ Other_____

Special Skills

If relevant, please list qualifications that you believe relate to the job or jobs for which you are applying:

If relevant, please describe word processing speed, software knowledge, and office equipment experience:

If relevant, please describe experience using hand tools, manufacturing machines and equipment.

Education

School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received
High				☐ Yes ☐ No
College				☐ Yes ☐ No Type:
Graduate				☐ Yes ☐ No Type:
Other (specify)				☐ Yes ☐ No Type:

Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Membership(s)

List any professional memberships or organizations that you participate in and feel are related to the position for which you are applying.

Required License(s)

If required to drive a motor vehicle for the job applying for, state your:
1) Driver's License Number 2.) State Issued

Registration or License Number	State Issued	Expiration Date

Employment Agreement(s)

Are you subject to any employment agreement or post-employment agreement with any other employer (including, but not limited to, employment contracts, non-compete agreements and /or confidentiality agreements)? ☐ Yes ☐ No

If yes, attach a complete and accurate copy of each agreement.

Employment History (start with most recent; use separate sheet if necessary)

Name of Employer	Telephone
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From To
Description of Duties	
Reason for Leaving	

If currently employed, may we contact as a reference? ☐ Yes ☐ No

NEXT PREVIOUS EMPLOYER

Name of Employer	Telephone
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From To
Description of Duties	
Reason for Leaving	

NEXT PREVIOUS EMPLOYER

Name of Employer	Telephone
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From To
Description of Duties	

Reason for Leaving	

NEXT PREVIOUS EMPLOYER

Name of Employer	Telephone
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From To
Description of Duties	
Reason for Leaving	

Employment References

List individuals familiar with your job qualifications (no relatives or personal friends).

Name	Telephone
	Email Address
Address	
Relationship	How long known?
Name	Telephone
	Email Address
Address	
Relationship	How long known?
Name	Telephone
	Email Address
Address	
Relationship	How long known?

READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE

1. I certify that the facts set forth in this application are true, correct and complete without misrepresentation or omissions of any kind whatsoever. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then U-Line Corporation may deny me employment or terminate my employment, and I agree that U-Line Corporation shall not be liable in any respect if it does so.

2. I authorize investigation of the statements I have made herein and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and /or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I hereby release from any and all liability all representatives of U-Line Corporation for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, schools and organizations listed in this application form) to release any information they may have about me to U-Line Corporation, including all of my personnel records with prior employers and any information about my performance during my employment with them and also includes all of my transcripts from any schools that I have attended. I also release all persons, companies, schools and organizations and all persons connected with them who provide such information to U-Line Corporation any and all liability for any damage for giving this information.

3. I also understand that my employment at U-Line Corporation is contingent upon the satisfactory completion of a medical examination, which may include a drug screen, and an investigation of my work record and references. I consent to a pre-employment medical examination and such future examinations as may be required by U-Line Corporation, which may include drug screens as required.

4. I understand that if I am employed by U-Line Corporation, any such employment is not biding on either party for any specific period of time. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract. I further understand that no representative of U-Line Corporation, other than the President, has authority to enter into any agreement for employment for any specified period of time. Any such agreement must be in writing and signed by the President. I understand that any other written or oral statement to the contrary, even if made by a supervisor, manager or officer of U-Line Corporation is invalid and should not be relied on by me. I understand that if employed I will be an employee-at-will and that either U-Line Corporation or I may terminate that employment relationship at any time, for any reason, with or without notice.

This authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this Authorization may be used by U-Line Corporation and shall be as effective as the original copy.

_____ _____

(Signature of Applicant) (Date)

Thank you for your interest in our company.