UPCAP

Application for Employment Please Print!



PO Box 606, Escanaba, MI 49829

Applicant:	Position for w	Date:				
Legal Name:	Last:		First:	M.I.		
ŭ	Street/PO:		City/Ctoto:		7:	
Address:	Sileei/PO.		City/State:		Zip:	
	Home:		Cell:		Work:	
Phone:						
E-mail:					May we contact you here? • Yes, • No	
Other name(s) you	I		How did you hear about t	•		
may have worked	under:		O MIWorks, O UPC	AP Web Sit	e, O College Board	
Education:			City/State:		O Diploma, O G.E.D,	
College:		Dates Attended:	Major/Minor:		Degree(s) Rec'd:	
City/State:						
College:	College: Dates Attended:		Major/Minor:		Degree(s) Rec'd:	
City/State:						
Employment:	Begin with current/most recent job - include volunteer work. Use back of sheet or ad		de military service, internships, & additional paper if necessary.	May we co	ontact your present ? • Yes, • No	
From: To:	Company:		le: Duties:			
Total Yrs./Mos.	Address:	C	lunon door.			
Total F15./WOS.	Address:		upervisor:		Hrs/Week:	
End/Now \$	C/S/Z: P		Ph#: Reas		on for Leaving:	
O Hourly, O Annual						
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10tai 113./W03.	Address.		apervisor.	Hrs/Week:		
End \$	C/S/Z: P		Ph#: Reason		or Leaving:	
O Hourly, O Annual						
From: To:	Company:		itle: Dutie			
Total Yrs./Mos.	Address: S		Supervisor:			
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O Hourly, O Annual From: To:	Company:	T	ïtle:	Duties:		
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	0.10.15				Hrs/Wk:	
End \$	C/S/Z:	P	Ph#:	Reason for	Leaving:	

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Employment Rec	ora (cont.)			UPCAP - E	:mployment Apilo	auon Form		
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Total Yrs./Mos.	Address:		Supervisor:					
E 10	0/0/7		DI II		D () .	Hrs/Week:		
End \$ O Hourly, O Annual	C/S/Z:		Ph#:		Reason for Leaving:			
From: To:	Company:		Title:		Duties:			
10111.	Company.		Tide.		Duties.			
Total Yrs./Mos.	Address:		Supervisor:			Llas AMa ala		
End \$	C/S/Z:		Ph#:		Reason for Leaving:	Hrs/Week:		
O Hourly, O Annual					ŭ			
			Use	e back of p	age or additional բ	paper if needed		
Special Skills	/ Trainings:	Licensure / Ce	rtifications:					
Other Skills / Expe	erience:							
Drofessional	Deferences							
Professional Name:	References:	Occupation:		Daytime C	ontact #:			
ivaine.		Occupation.		Dayune C	ontact #.			
Address:		C/S/Z:		Home Ph#	Home Ph#:			
Name:		Occupation:		Daytime C	ontact #:			
Address:		C/S/Z:		Home Ph#	1.			
Address.		U/3/Z.		nome Fil	•.			
Name:		Occupation:		Daytime C	ontact #:			
Address:		C/S/Z:		Home Ph#	<u>t</u> .			
Addiess.		0/0/2.		TIOMO TIM	•			
Have you ever be	en fired or forced	o resign? O No	, O Yes, Explain:	I.				
_	en convicted of a	_	, O Yes, Explain:					
	an automatic disqualific		, - · · · · · , _ · · · p · · · · · ·					
L authorize investi	nation of all statemen	ts contained in this	application and hereby aut	horize previ	ous employers refe	erences named		
			contact, to give legally rea					
			personal or otherwise, that					
			rds Division, to conduct a					
			the information to UPCAP					
			misrepresentation or omis					
			UPCAP, if I am employed.					
			mployment and compensa er UPCAP or myself.		terminated, with or	williout cause,		
	•	,	•	_				
	Applicant Signature: Date of Application: It is the policy of UPCAP that no person be denied appropriate employment, services, or association with UPCAP on the basis of race, color, nation							
			or marital status, political affili					

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UPCAP 12-4-09