

# Application for Employment

United Talent Medical

United Talent LLC

ATTENTION: If you need accommodations in completing this application or assistance with testing or interviewing, please advise us.  
THIS APPLICATION IS GOOD FOR ONLY 6 MONTHS. IF YOU WISH TO BE CONSIDERED FOR A POSITION AFTER THIS TIME, YOU MUST REAPPLY

Social Security Number: \_\_\_\_\_ Date \_\_\_\_\_ Referred By \_\_\_\_\_

Name: \_\_\_\_\_  
Please print (Last, First, Middle as on S. S. Card)

Address: \_\_\_\_\_  
Number Street Apt.#  
City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Name Work Phone

Have you been employed or attended school under another name? \_\_\_\_\_

If so, what name(s) were used? \_\_\_\_\_

Have you applied at another temporary agency?  YES  NO

If so, where? \_\_\_\_\_ Date \_\_\_\_\_

Have you filed an application here before?  YES  NO Date \_\_\_\_\_

Have you ever been employed by United Talent before?  YES  NO Date \_\_\_\_\_

Have you been convicted of a felony in the last seven years?  YES  NO  
(Such convictions are not an absolute bar to employment but may be relevant if job-related)

## RECORD OF EDUCATION

SCHOOL	NAME OF SCHOOL • CITY, STATE	NUMBER OF YEARS COMPLETED	GRADUATED?		MAJOR COURSE
			NO	YES	
HIGH SCHOOL					
COLLEGE/ VOCATIONAL					
OTHER					

## REFERENCES . . . DO NOT GIVE RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS	PHONE NUMBER	OCCUPATION	YEARS KNOWN
1.				
2.				

CHECK TYPE OF EMPLOYMENT YOU ARE SEEKING

- PART-TIME
- TEMPORARY
- DIRECT HIRE
- TEMP to HIRE

PREFERRED SALARY  
\$ \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, ancestry, sex, national origin, age, disability or any legally protected status.

# EMPLOYMENT RECORD . . . Starting with present position

1. \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact  YES  NO

2. \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact  YES  NO

3. \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact  YES  NO

4. \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact  YES  NO

5. \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ May we contact  YES  NO

## TEMPORARY EMPLOYMENT

Companies Assigned To	Dates Worked	Duties	Pay Rate

# CONSENT AND RELEASE FOR DRUG AND ALCOHOL TESTING

As an employee of United Talent I understand and acknowledge that certain clients of United Talent require persons working at their facilities to submit to drug and alcohol screening programs. I understand and agree that I may be required to take a drug and alcohol test as a condition of a referral to such places of employment. I agree to cooperate with United Talent throughout the process involved in any drug or alcohol substance screen, and by signature below give permission to United Talent and any laboratories chosen by United Talent to conduct such screening, analyze the specimens contained and release their findings to United Talent and to any client of United Talent which might require substance abuse screening as a condition of my working at its facilities. I agree that cooperation in the taking of any such substance test may be a condition of any such referral to those places requiring substance screening and that refusal to cooperate with United Talent in the administration of substance abuse policies and testing will be justification for the refusal of United Talent to refer me to any such place of employment which might require drug and alcohol screening. I also acknowledge and agree that I may be required to submit to "for cause" substance abuse testing and random substance abuse testing as to safety sensitive jobs as a condition to remaining employed at any location requiring such substance abuse testing. I also acknowledge and agree that any positive results on any such substance screen, or any attempt to deliberately falsify or not answer a question, or any attempt to adulterate a specimen, will be justification for termination from United Talent. I also release United Talent from any liability arising from any such substance screening or effort at substance screening. I have read, understand, and agree to the above.

\_\_\_\_\_  
Applicant's Name (Please Print Full Name)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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## AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand the job I am applying for is an employment-at-will position and not a contract for employment. I further understand that United Talent may terminate me at any time without statement of reason and I may quit United Talent for any reason. No contrary implied agreement has been made to me.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identify within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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## CONFIDENTIALITY STATEMENT

I understand and agree that confidentiality on assignments while employed by United Talent is critical to United Talent and their clients. I further agree not to discuss information I learn of, either heard or seen, with anyone except a Counselor of United Talent. I further agree not to discuss my rate of pay with coworkers or United Talent clients.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

