



UNITED PROPERTY ASSOCIATES

525 S Independence Blvd, Suite 200

Virginia Beach, Virginia 23452

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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

This form must be filled out completely. Leave no blanks. Direct any questions to the Human Resources Department. READ ALL INFORMATION CAREFULLY BEFORE SIGNING.

PERSONAL INFORMATION:

Today's Date: _____

First Name _____ Last Name _____ Middle _____

Other Names Used – Include maiden name, aliases and nick names _____

Home Address _____ City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ Social Security Number: _____

Are you 18 or Older? Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when/where? _____

Have you been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, please explain: _____

A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered.

Are you now, or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain: _____

Do you have reliable transportation? Yes No If yes, what type? _____

Do you have a valid driver's license? Yes No If yes, please answer the questions below:

Driver's License Number: _____ Type: _____ State: _____

Have you had your driver's license suspended or revoked in the last three years? Yes No

If yes, give details: _____

Do you smoke? Yes No

POSITION YOU ARE APPLYING FOR:

When can you start? _____

Position Title: _____ Salary Requirement: _____

If you were referred to us by an employee, please provide their name: _____

How did you hear of the Position? _____

Are you seeking: Full Time Part Time Temporary

Are you able to perform all tasks required by the job for which you are applying: Yes No

WORK HISTORY: List present or last employers first. Account for all periods of time, including military service and any period of unemployment.

Company Name	Company Phone Number	Name of Supervisor
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Company Address	Employment Dates (MM/YY – MM/YY)
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State Job Title and Describe Your Work

Reason for Leaving	Salary: Hourly/Monthly/Annually
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Company Name	Company Phone Number	Name of Supervisor
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State Job Title and Describe Your Work

Reason for Leaving	Salary: Hourly/Monthly/Annually
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Company Name	Company Phone Number	Name of Supervisor
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Company Address	Employment Dates (MM/YY – MM/YY)
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State Job Title and Describe Your Work

Reason for Leaving	Salary: Hourly/Monthly/Annually
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SELF-EMPLOYMENT:

Firm Name	Type of Work	Dates Self-Employed
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Give Name and Phone of a Reference for this Business

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AFFIDAVIT:

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration from employment and may result in my dismissal if discovered after employed.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer, (except as previously noted), past employers and organizations from any legal liability in making such statements.

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Signature: _____

Date: _____

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability or genetic information.