



EMPLOYMENT APPLICATION

(AN EQUAL OPPORTUNITY EMPLOYER)

Upnext, Inc. is an equal employment opportunity employer. We comply with federal state and local laws regarding equal employment opportunity. Qualified applicants are considered for positions without regard to race, color, national origin, religious beliefs, sex, pregnancy, age, disability, sexual orientation, citizenship status, military status or any other basis protected by federal, state and/or fair employment laws.

GENERAL INFORMATION

We use E-Verify to validate employment eligibility

<https://www.dhs.gov/E-Verify>

Name: _____ S.S. No. _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Mobile Phone: _____

EMAIL: _____

* Are you over 18 years of age? ___ Yes ___ No

Have you ever been convicted of any crime in the last five (5) years: ___ Yes ___ No

WORK EXPERIENCE

Position applying for: _____ Location applying for: _____

Date Available: _____ (Please Circle One): Full Time / Part Time / Seasonal

What skills and experience can you bring to this position, which you feel might be helpful?

Upnext, Inc. operates seven (7) days a week.

Please list all times that you would be available for work, if offered employment with the company.

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
FROM:							
TO:							

TOTAL HOURS AVAILABLE PER WEEK: _____

Have you ever been employed by the company or any other Upnext wireless location?

___ Yes ___ No

If yes, please state when and location: _____ Job Title: _____

EMPLOYMENT HISTORY

Start with your present or most recent employer. Please fill out completely.

1.

Date Start: _____ End: _____	Name of Company:		Hourly, weekly, or annual pay: Start: \$ _____ Finish: \$ _____
	Address of business:		
	Job Title:	Immediate Supervisor:	
Brief description of your job duties:			
Reason for Leaving:			

2.

Date Start: _____ End: _____	Name of Company:		Hourly, weekly, or annual pay: Start: \$ _____ Finish: \$ _____
	Address of business:		
	Job Title:	Immediate Supervisor:	
Brief description of your job duties:			
Reason for Leaving:			

3.

Date Start: _____ End: _____	Name of Company:		Hourly, weekly, or annual pay: Start: \$ _____ Finish: \$ _____
	Address of business:		
	Job Title:	Immediate Supervisor:	
Brief description of your job duties:			
Reason for Leaving:			

May we contact your Present Employer? ___ Yes ___ No
 If not, indicate by NUMBER which one(s) you do not wish us to contact: _____

EDUCATION AND TRAINING

Type of School	Name & Location	Circle Last Year Completed	Degree/ Area of Study	
High School		1 2 3 4		
College		1 2 3 4		
Graduate School		1 2 3 4		
Other		1 2 3 4		

REFERENCE

Who referred you for a position with Upnext Wireless or how did you hear about us?

Please list two (2) references:

Name:	
Company:	Phone:
Address:	
City/State/Zip	
Tell how you know this person and for how long:	

Name:	
Company:	Phone:
Address:	
City/State/Zip	
Tell how you know this person and for how long:	

PLEASE READ CAREFULLY:

In the event of my employment with Upnext, Inc., I agree that:

1. In the event of employment, I understand that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or for separation from the Company's service.
2. My employment may be terminated by Upnext, Inc. at any time without prior notice and with or without cause.
3. Upnext, Inc. may request each employer, person, company or school named above to answer all questions that may be asked and to give all information that may be sought in connection with this application or concerning me or my work habits, character, skill or action in any transaction.

I certify that all my statements made in this application are true. If offered employment, you will be notified of the proof you must submit to the Company to establish your right to work in the United States.

Signature of Applicant

Date

Notes (Office Use):

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

OFFICE USE ONLY:
Interviewer Signature: _____ Date: _____
Date Hired: _____ Starting Salary: \$ _____ per _____ Position: _____
Location: _____ Start Date: _____

Employee Release

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Signature: _____

Print Name: _____ Date: _____