



## APPLICATION FORM

The information requested in this employment application is confidential and will be used only for employment purposes by Ubah Medical Academy.

### **Equal Opportunity Employer**

Ubah Medical Academy does not discriminate against any person on the basis of race, religion, color, sex, marital status, national origin, age, veteran status, sexual orientation, physical/mental disability or any other protected class.

### **Americans with Disabilities**

Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

### **Authorization to work in the United States**

If hired, you will be required to present documentation confirming your identity and authorization to work in the United States.

### **Authorization and Agreement**

In order to complete this employment application, you must read and sign the "Applicant's Authorization and Agreement" section located on the last page of this application.

This application is current for only 90 days. At the conclusion of this time, if you have not received a response from Ubah Medical Academy and still wish to be considered for employment, it will be necessary for you to reapply.

<b>PERSONAL DATA- SECTION 1</b>		
Last Name	First	Middle
Street Address		Apartment/Unit #
City	State	Zip
Home Phone	Cell Phone	E-mail
Position applying for	Today's date	Date available for work
Are you less than 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you able to provide documentation of your eligibility to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**VETERAN'S PREFERENCE POINTS SUPPLIMENT- SECTION 2**

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded subject to the provisions of Minnesota Statute 43A.11.

To be eligible for veteran's preference points, you must:

1. Be a U.S. citizen or resident alien.
2. Have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either
  - a. Served on active duty for 181 consecutive days, or
  - b. Have been discharged by reason of service connected disability, or
  - c. Have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President or
  - d. Certified service verification of "veteran status" granted under U.S. PL 95-202.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veteran's points without it.

<p><b>ARE YOU APPLYING FOR VETERAN'S POINTS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>If you answered yes, you must complete the form below. Your DD214 or other documentation must be received seven (7) calendar days after the application deadlines for the position. If no, skip to section 3.</i></p>
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If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

<b>VETERAN'S PREFERENCE POINTS APPLICATION</b>			
Veteran: Self <input type="checkbox"/> Spouse <input type="checkbox"/>		If Spouse, veteran's name:	
Branch of Service:		Period of Active Duty From:                      To:	
Rank of Discharge:		Type of Discharge:	Date of Final Discharge:
		Service Number	
Are you receiving or eligible for a military pension? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have a compensation service-related disability:	
Preference requested:		<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled Veteran
		<input type="checkbox"/> Spouse of Disable Veteran	<input type="checkbox"/> Spouse of a Deceased Veteran

**IF YOU HAVE ATTACHED A RESUME, YOU DO NOT NEED TO COMPLETE SECTIONS 3 & 4. SECTIONS 1, 2 & 5-7 MUST BE COMPLETED WHETHER YOU ATTACH YOUR RESUME OR NOT.**

<b>EDUCATION- SECTION 3</b>			
<b>High School</b>		Address	
From                      To		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>College</b>		Address	
From                      To		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>College</b>		Address	
From                      To		Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

<b>PREVIOUS EMPLOYMENT- SECTION 4</b>	
<i>Please list your last three employers, most recent first.</i>	
<b>Company 1- Employer name/address</b>	Job title/duties
Supervisor Name/Title	Phone  (       )

Starting Salary \$		Ending Salary \$	
Dates Employed		Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company 2- Employer name/address		Job title/duties	
Supervisor Name/Title		Phone (    )	
Starting Salary \$		Ending Salary \$	
Dates Employed		Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company 3- Employer name/address		Job title/duties	
Supervisor Name/Title		Phone (    )	
Starting Salary \$		Ending Salary \$	
Dates Employed		Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**REFERENCES- SECTION 5**

Please list three professional (work related) references who are not related to you, and whom you have known for at least one year.

<b>Name</b>	Relationship
Occupation	Phone (     )
<b>Name</b>	Relationship
Occupation	Phone (     )
<b>Name</b>	Relationship
Occupation	Phone (     )

**GENERAL INFORMATION- SECTION 6**

Have you ever been convicted (or charged) with a misdemeanor or felony?  
YES       NO       If yes, explain

Are any criminal charges or proceedings pending against you?  
YES       NO       If yes, explain

Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child?  
YES       NO       If yes, explain

**APPLICANTS AUTHORIZATION AND AGREEMENT- SECTION 7**

❖ I certify that the information contained in or accompanying this application is true, accurate and complete to the best of my knowledge. I understand and agree that any falsification, misrepresentation, distortion or omission with respect to such information, whether pertaining to information on this application or any other aspects of the pre-hiring process (1) may disqualify me from consideration for employment, or (2) constitute grounds for immediate discharge should I be employed by the School.

➤ **PLEASE INITIAL** \_\_\_\_\_

❖ I understand that any employment is conditioned to a background check and that Ubah Medical Academy may, at its discretion, procure and have prepared an investigative consumer report, in accordance with applicable law. I understand that upon written request within a reasonable period of time, I can obtain from the company written disclosure of the nature and scope of any such report if requested.

➤ **PLEASE INITIAL** \_\_\_\_\_

❖ I authorize Ubah Medical Academy to thoroughly investigate all statements contained in my application or resume, and I authorize my former employer, references, and other individuals or organizations listed to disclose information regarding my former employment, education, character and general reputation to Ubah Medical Academy, without giving me prior notice of such disclosure. In addition, I release Ubah Medical Academy, any former employers, references and any other individuals or organizations listed above (as well as those provided verbally or in other documents submitted) from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

➤ **PLEASE INITIAL** \_\_\_\_\_

❖ I understand and agree that nothing contained in this application, or conveyed during an interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at-will” and without fixed term, and may be terminated at any time, with or without cause, and without prior notice at the option of either Ubah Medical Academy or myself. No promises regarding employment have been made to me, and I understand that no employee of Ubah Medical Academy other than the Director has the authority to enter into any agreement contrary to the foregoing. Further, any such agreement must be in writing and signed by the Director and myself.

➤ **PLEASE INITIAL** \_\_\_\_\_

❖ I understand that filling out this form does not indicate there is a position open and does not obligate Ubah Medical Academy to hire. If hired, I agree to abide by all of Ubah Medical Academy work rules, policies and procedures. Ubah Medical Academy retains the right to revise its policies and /or procedures, in whole or in part, at any time.

➤ **PLEASE INITIAL** \_\_\_\_\_

❖ I understand that a criminal history background check will be required of all individuals offered employment with Ubah Medical Academy. All individuals offered employment with the School must provide the school with a criminal history consent form and the fees associated with the criminal history background check.

➤ **PLEASE INITIAL** \_\_\_\_\_

Signature

Date