

# United Studies, Inc. Area Representative Application

## ***Personal Information***

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_  

Last
First
Middle
"Nickname"

Address: \_\_\_\_\_  

Street
City
State
Zip

Telephone: (    ) \_\_\_\_\_ (    ) \_\_\_\_\_  

Day
Evening

Are you 18 years or older? Yes \_\_\_ No\_\_\_ \_\_\_\_\_

Are you prevented from lawfully becoming employed  
 In this country because of visa or immigration status? Yes\_\_\_ No\_\_\_ \_\_\_\_\_

Have you ever been convicted of a crime?  
 If yes, please explain. Yes\_\_\_ No\_\_\_ \_\_\_\_\_

Have you ever applied to this company before?  
 If yes, please explain. Yes\_\_\_ No\_\_\_ \_\_\_\_\_

## ***Education***

Last Year of School Completed?      11    12    13    14    15    16    17    18    19    20    21    22

| Educational Level of Study | Name and Location Of School | No. of Years Attended | Did You Graduate | Degree or Area of Study |
|----------------------------|-----------------------------|-----------------------|------------------|-------------------------|
| Grammar School             |                             | NA                    | NA               | NA                      |
| High School                |                             |                       |                  |                         |
| College                    |                             |                       |                  |                         |
| College                    |                             |                       |                  |                         |
| Trade or Business School   |                             |                       |                  |                         |

Subjects of special study or research work: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities (civic, athletic, etc.): \_\_\_\_\_  
Exclude Organizations, the name of which indicates the race, creed, sex, marital status, color or nation of origin of its members.

Name: \_\_\_\_\_

**Employment**

| Month and Year | Name and Location of Employer | Position | Reason for Leaving |
|----------------|-------------------------------|----------|--------------------|
| From:          |                               |          |                    |
| To:            |                               |          |                    |
| From:          |                               |          |                    |
| To:            |                               |          |                    |
| From:          |                               |          |                    |
| To:            |                               |          |                    |
| From:          |                               |          |                    |
| To:            |                               |          |                    |

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Have you ever, or are you presently working with another exchange visitors program? YES \_\_\_ NO \_\_\_  
 If yes, which program(s) and when? \_\_\_\_\_

**References**

Please provide the names of three persons, not related to you, whom you have known at least one year.

| Name | Years | Address | Business and Phone |
|------|-------|---------|--------------------|
|      |       |         |                    |
|      |       |         |                    |
|      |       |         |                    |

Have you attached additional information? YES \_\_\_ NO \_\_\_

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am under contract, my contract may be terminated at any time.

In consideration of my contract, I agree to conform to the company's rules and regulations, and I agree that my contract and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my contract may be changed, with or without cause, and without noticed, at any time by the company. I understand that no company representative, other than president or executive director, and then only in writing and signed by the president or executive director, has any authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

|  |                          |
|--|--------------------------|
| Do Not Write Below This Line               |                          |
| Interviewer: _____                         | Date: _____              |
| Remarks: _____                             |                          |
| Ability: 1 2 3 4 5 6 7 8 9 10              | Hired: Yes ___ No ___    |
| Approved: _____<br>Development Coordinator | _____ Executive Director |