



UKRAINIAN NATIONAL ASSOCIATION, INC.
2200 Route 10
Parsippany, NJ 07054
800-253-9862 www.unainc.org

Candidate Evaluation Form – COO/National Secretary and CFO/Treasurer

UNA Member _____ Branch No. _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

**EMPLOYMENT
POSITION
APPLIED FOR:**

Have you ever worked for the UNA? YES NO If yes, when? _____
☐ ☐

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
☐ ☐

Licenses/Certifications

Title/Name	_____
State/Province Issued	_____
License No.	_____
Title/Name	_____
State/Province Issued	_____
License No.	_____
Title/Name	_____
State/Province Issued	_____
License No.	_____

References

Please list three professional references.

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Previous Employment

Company: _____	Phone: _____
Address: _____	
Job Title: _____	
Responsibilities: _____	
From: _____	To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Company: _____ Phone: _____
Address: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous employer for a reference? YES NO
☐ ☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that my application may be rejected if any information is not complete, true, and accurate. If hired, I understand that I may be separated from employment if it is later discovered that information on this form was incomplete, untrue or inaccurate.

I give the UNA the right to investigate the information I have provided, talk with former employers (except where I have indicated that they may not be contacted.) I give the UNA the right to secure additional job-related information about me. I understand that any offer of employment may be subject to job-related medical, physical, drug or psychological testing. I also understand that all positions may involve complete background and criminal checks.

I understand that the acceptance of this application does not create a contractual obligation upon the UNA, at present or in the future.

(For your application to be considered, you must sign and date below.)

Signature: _____ Date: _____

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.