

# UNITED WE WORK APPLICATION

## EMPLOYER INFORMATION

Company Name:

Job Site Address:

City, State:

ZIP:

Direct Supervisor's Name:

Direct Supervisor's Title:

Direct Supervisor's Email:

Direct Phone:

Applicant's Position:

Start Date:

I certify that I have read and understand the requirements of the United We Work program. I will promptly submit this application to [support@unitedwayofsemo.org](mailto:support@unitedwayofsemo.org) and notify United Way of Southeast Missouri immediately should this employee discontinue employment during the first ninety days.

Supervisor Signature

Date

## APPLICANT INFORMATION

Name:

Pickup Address:

City, State:

ZIP:

Cell:

Email you check:

I certify that I have read and understand the requirements of the United We Work program. I understand that I must complete a budget and establish a savings account with the bank of my choice. I must agree to automatic deposit to my savings to receive free transportation from my home to my job site and back each day. Any failure on my part to comply with the program requirements can cause me to be removed from the United We Work transportation program.

Employee Signature

Date



United Way of  
Southeast Missouri

