

# UCP Employment Application



## Please Print

\_\_\_\_\_

Date                      Last Name                      First name                      Middle Name

## Present Address:

\_\_\_\_\_ CA \_\_\_\_\_ - \_\_\_\_\_

Complete Street Address                      City                      Zip

## Permanent Address (if different from present address)

\_\_\_\_\_ CA \_\_\_\_\_ - \_\_\_\_\_

Complete Street Address                      City                      Zip

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Business Phone                      Home Phone                      Cell Phone

## Employment Desired:

Position applying for: \_\_\_\_\_

For which of the following are you applying? (Check all that apply)

- Regular full-time work                       Regular part-time work                       Temporary work  
(e.g., summer or holiday work)

What days and hours are you available for work?  M  T  W  TH  F \_\_\_\_\_

Hours

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends?  Yes  No

Would you be available to work overtime, if necessary?  Yes  No

If hired, on what date can you start work? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If the position you are applying for is "Job Coaching" you will need to have a vehicle and provide proof of vehicle insurance.

Salary desired: \$ \_\_\_\_\_

# UCP Employment Application

---



## Personal Information:

Have you ever applied to or worked for **United Cerebral Palsy** before?  Yes  No

If yes, When? \_\_\_\_\_

Do you have any friends or relatives working for **United Cerebral Palsy**?  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Why are you applying for work at **United Cerebral Palsy**?

\_\_\_\_\_  
\_\_\_\_\_

If hired, would you have reliable means of transportation to and from work?  Yes  No

Are you at least 18 years old?  Yes  No

*(If under 18, hire is subject to verification that you are of minimum legal age)*

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, as well as skills and agility tests).

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)  Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?  Yes  No If so, may we contact your current employer?  Yes  No

Do you have a current California driver's license?  Yes  No #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_



**Education, Training and Experience:**

School	Name and Address	No. of years Completed	Did you Graduate?	Recognition Received
High School	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma
	Address _____			<input type="checkbox"/> Other _____
	City _____	State _____	Zip _____	
College/University	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma
	Address _____			<input type="checkbox"/> Other _____
	City _____	State _____	Zip _____	
Vocational/Business	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma
	Address _____			<input type="checkbox"/> Other _____
	City _____	State _____	Zip _____	
Health Care	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Degree <input type="checkbox"/> Diploma
	Address _____			<input type="checkbox"/> Other _____
	City _____	State _____	Zip _____	

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?  Yes  No

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at **United Cerebral Palsy**?  Yes  No

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Answer the following questions if you are applying for a professional position:**

Are you licensed/certified for the job applied for?  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, state reason(s) date of revocation or suspension and date of reinstatement.

\_\_\_\_\_  
\_\_\_\_\_

**Employment History:**

List below all present and past employment starting with your most recent employer (*last five years is sufficient*). Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
**\*Name of Employer** (\_\_\_\_\_) \_\_\_\_\_  
**Telephone No.**

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Weekly Pay: \_\_\_\_\_  
Starting Ending

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

# UCP Employment Application

---



## Employment History: (Continued)

\_\_\_\_\_  
\*Name of Employer (\_\_\_\_\_) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Weekly Pay: \_\_\_\_\_  
Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
\*Name of Employer (\_\_\_\_\_) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Weekly Pay: \_\_\_\_\_  
Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

# UCP Employment Application

---



## Employment History: (Continued)

\_\_\_\_\_  
\*Name of Employer (\_\_\_\_\_) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street City State Zip \_\_\_\_\_

Dates of Employment: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Weekly Pay: \_\_\_\_\_  
Starting Ending

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
\*Name of Employer (\_\_\_\_\_) Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Type of Business Your Supervisor's Name \_\_\_\_\_

\_\_\_\_\_  
Address & Street City State Zip \_\_\_\_\_

Dates of Employment: \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ Weekly Pay: \_\_\_\_\_  
Starting Ending

Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

**Note: Attach additional page(s) if necessary:**

# UCP Employment Application

---



## Military Service:

Have you obtained any special skills or abilities as the result of service in the military?  Yes  No

If so, describe:

---

---

---

## References:

List below three persons not related to you who have knowledge of your work performance within the last three years (preferably former supervisors or co-workers).

_____	_____	(____)_____
<b>*First Name</b>	<b>Last Name</b>	<b>Telephone No.</b>
_____	_____	_____
Address & Street	City	State      Zip
_____	_____	_____
Occupation	No. of Years Acquainted	

_____	_____	(____)_____
<b>*First Name</b>	<b>Last Name</b>	<b>Telephone No.</b>
_____	_____	_____
Address & Street	City	State      Zip
_____	_____	_____
Occupation	No. of Years Acquainted	

_____	_____	(____)_____
<b>*First Name</b>	<b>Last Name</b>	<b>Telephone No.</b>
_____	_____	_____
Address & Street	City	State      Zip
_____	_____	_____
Occupation	No. of Years Acquainted	

# UCP Employment Application

---



**Please Read Carefully,  
Initial Each Paragraph and  
Sign Below:**

\_\_\_\_\_  
**Initials**

I understand UCP believes that equal opportunity for all employees is important for the continued success of our organization. In accordance with state and federal law, this nonprofit will not discriminate against anyone for employment or services because of race, disability, color, creed, religion, sex, age, national origin, ancestry, citizenship, veteran status, or non-job/program related factors in hiring, promoting, demoting, training, benefits, transfers, layoffs, terminations, recommendations, rates of pay or other forms of compensation, and entrance or exit to programs/services.

\_\_\_\_\_  
**Initials**

I understand UCP provides equal opportunity to all persons without regard to race, color, religion, disability, sex, age, or national origin, and promotes the full realization of this policy through a positive, continuing program of affirmative action. UCP is committed to equal opportunity for all applicants and consumers in personnel matters including recruitment and hiring, benefits, training, promotion, compensation, transfer and layoff or termination. We strive for a staff and consumer base that reflects diversity.

\_\_\_\_\_  
**Initials**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that my omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
**Initials**

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
**Initials**

I understand that my employment will continue only so long as it is mutually agreeable to UCP Stanislaus & Tuolumne Counties and me. I also understand that nothing in these policies in any way creates an express or implied contract of employment between UCP and me. I also understand that my employment may be contingent on available funds and resources of UCP.

\_\_\_\_\_  
**Initials**

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
**Initials**

I understand I must be able to pass a pre-employment physical, drug/alcohol screen, TB test, and criminal background check.

\_\_\_\_\_  
**Initials**

I understand this application will be kept on file after position has been filled for 2 years.

\_\_\_\_\_  
/ /  
Date

\_\_\_\_\_  
Applicant's Signature