

# UCP of Greater Sacramento, Inc.

191 Lathrop Way, Suite N, Sacramento, CA 95815

Phone (916) 565-7700 Fax (916) 565-7773

E-mail: UCP@UCPSacto.org

An Equal Opportunity Employer

## Employment Application

### Please Print

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

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

Permanent Address, if different from present address:

No.	Street	City	State	Zip
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No.	Street	City	State	Zip
Social Security #	_____	_____	_____	_____

### Employment Desired

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

- Are you applying for:  
Full-time work? Yes  No  Part-time work? Yes  No  Hourly work? Yes  No

What days and hours are you available for work? \_\_\_\_\_  
\_\_\_\_\_

- 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? \_\_\_\_\_

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

### 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(s)* \_\_\_\_\_

Why are you applying for work at United Cerebral Palsy? \_\_\_\_\_  
\_\_\_\_\_

- If hired, would you have a 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? Yes  No   
*If no, describe the functions that cannot be performed.* \_\_\_\_\_

(Note: We comply with the 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, and to skill 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(s). \_\_\_\_\_

(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

## Education, Training and Experience

School	Name and Address	No. of Years	Did You Graduate?	Degree or Diploma
<b>High School</b>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<b>College/ University</b>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
<b>Vocational/ Business</b>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

- Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages (including sign language)? 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? If so, please explain. \_\_\_\_\_

- Do you have any special licenses or certifications. Is so, what? \_\_\_\_\_

## Employment History - List below all present and past employment starting with your most recent employer (last

10 years is sufficient). Account for all periods of unemployment. If you are attaching a resume, in lieu of completing this section, all of the following information must be included on your resume. If your resume is not inclusive, you must complete this section in its entirety.

Name of Employer \_\_\_\_\_

\_\_\_\_\_

No.	Street	City	State	Zip
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Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Title \_\_\_\_\_

Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

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

.....

Name of Employer \_\_\_\_\_

\_\_\_\_\_

No.	Street	City	State	Zip
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Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Title \_\_\_\_\_

Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

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

.....

Name of Employer \_\_\_\_\_

\_\_\_\_\_

No.	Street	City	State	Zip
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Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Title \_\_\_\_\_

Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

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

Name of Employer \_\_\_\_\_

No. Street City State Zip

Telephone No. (\_\_\_\_\_) Your Supervisor's Name \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Title \_\_\_\_\_

Duties \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

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

Note: Attach additional page(s) if necessary.

### 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.

- Name: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation: \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Telephone No. (\_\_\_\_\_) Number of Years Acquainted \_\_\_\_\_

- Name: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation: \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Telephone No. (\_\_\_\_\_) Number of Years Acquainted \_\_\_\_\_

- Name: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation: \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Telephone No. (\_\_\_\_\_) Number of Years Acquainted \_\_\_\_\_

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

\_\_\_\_\_ 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 any 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.

\_\_\_\_\_ I hereby authorize United Cerebral Palsy 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 United Cerebral Palsy, 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.

\_\_\_\_\_ 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 United Cerebral Palsy. 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.

\_\_\_\_\_ I understand that if I am considered for a position working directly with individuals who have developmental disabilities I may be subject to: 1) fingerprinting and/or 2) drug and alcohol testing.

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