



APPLICATION FOR EMPLOYMENT

Applicant's Full Name: _____
(Last) (First) (M.I.) (Other Name)

Address: _____
(Street) (City) (State) (Zip)

Telephone Numbers: (Home) (____) _____ (Work) (____) _____

Position(s) applied for: _____

Applying for: Full-time Part-time Temporary On Call

Days Available to work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours Available: _____ Desired Salary: _____

How did you learn about this Agency?

Website Social Media Friend _____ Other _____

Date available for employment: _____

Can you furnish verification of your legal right to work in the United States? Yes No

Have you previously applied for a position within this agency? Yes No

If you answered yes, please indicate date(s) and the position(s) applied: _____

Have you ever been interviewed through this agency? Yes No

If you answered yes, please indicate the date(s) and position(s) you interviewed for: _____

Have you ever been employed by this agency? Yes No

If you answered yes, please indicate the dates and the position held during employment: _____

Do you have any relatives currently working through this agency? Yes No

If you answered yes, please list relationship and the department working in: _____

List any language, other than English, that you can speak: _____

EDUCATION

	<u>Name/Location</u>	<u>Graduate</u>	<u>Type of Degree</u>
High School:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

PROFESSIONAL REFERENCES (Please include 3 **professional** references.)

	<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EXPERIENCE (List last position held **FIRST**.)

From: ___ / ___ / ___ Job Title: _____

To: ___ / ___ / ___ Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

From: ___ / ___ / ___ Job Title: _____

To: ___ / ___ / ___ Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

From: ___ / ___ / ___ Job Title: _____

To: ___ / ___ / ___ Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

From: ___ / ___ / ___ Job Title: _____

To: ___ / ___ / ___ Employer: _____

Address: _____

Phone: _____ Supervisor: _____

Duties: _____

Reason for leaving: _____

Please share any additional information that you feel would help us in considering your application for employment with UCP (i.e., special skills and/or training, etc.)

Affidavit

My signature below authorizes the United Cerebral Palsy of Stanislaus County (UCP) to conduct a background investigation and I further authorize the release of all information in connection with my application for employment. I understand that any offer of employment is contingent on the successful completion of pre-employment screening. I hold harmless any individual or firm who may provide information in connection with this investigation, including such information on criminal or civil convictions, driving records, previous employment history, personal and professional references and any other relevant information. I waive the right of access to any such information and, without limitation, hereby release UCP and all reference sources from any and all liability and/or damages.

I further certify that I made true, correct and complete answers and statements on this application and acknowledge that they may be relied upon in considering my application for employment. I understand that any omission or false statement made on this application, or any supplement to it, may be sufficient grounds for failure to employ or grounds for my discharge should I become employed with United Cerebral Palsy of Stanislaus County.

Signature of Applicant

Date