



**United Cerebral Palsy of Central California  
Application for Employment**

**UCP of Central California is an equal opportunity employer**

**Please Print**

Date \_\_\_\_\_ Position(s) Applied for: \_\_\_\_\_

Referred by: \_\_\_\_\_ Telephone \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes please explain.

Address \_\_\_\_\_ Apt.# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you eighteen years of age or older? Yes ( ) No ( )

If you are under 18 years of age, can you submit a work permit? Yes ( ) No ( )

Can you, after employment, submit verification of your legal right to work in the United States? Yes ( ) No ( )

Have you ever filed an application with us before? Yes ( ) No ( )  
If yes, give date: \_\_\_\_\_

Have you ever been employed with UCP before? Yes ( ) No ( )  
If yes, give date: \_\_\_\_\_

Do you have any relatives working at UCP? Yes ( ) No ( )

If yes, give name (s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you currently employed?  
Yes ( ) No ( )

If so, may we contact your present employer?  
Yes ( ) No ( )

On what date would you be available for work?

If applicable to the job applied for:

Do you have a valid driver's license? Yes ( ) No ( )

Do you have daily use of a vehicle? Yes ( ) No ( )

Education	Elementary School	High School	Undergraduate College/Univ..	Graduate/ Professional or other
School Name and Location				
Circle Highest Year Completed	6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree/ Course of Study	/ / / / / / /			

**For Clerical Applicants Only**

What office machines can you operate? \_\_\_\_\_

Computer Software experience (list program names) \_\_\_\_\_

Typing Speed: \_\_\_\_\_ wpm.

**Employment History (List Present or Last Job First)**

Employer	Position
Address	Name of Supervisor
City & State                      Daytime Phone	Weekly Salary (Last)
Dates employed:      From:                      To:	Reason for leaving:
Employer	Position
Address	Name of Supervisor
City & State                      Daytime Phone	Weekly Salary (Last)
Dates employed:      From:                      To:	Reason for leaving:
Employer	Position
Address	Name of Supervisor
City & State                      Daytime Phone	Weekly Salary (Last)
Dates employed:      From:                      To:	Reason for leaving:
Employer	Position
Address	Name of Supervisor
City & State                      Daytime Phone	Weekly Salary (Last)
Dates employed:      From:                      To:	Reason for leaving:

Please indicate which foreign language you can read, speak or write, and whether your fluency is fair, good, or excellent. \_\_\_\_\_

Describe any specialized training, apprenticeship, skills, or life experiences

Please list job-related organizations, clubs, professional societies, or other associations to which you belong. You may omit those which indicate your race, religious creed, color, national origin, ancestry, sex or age. \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

List below the name, address, telephone of three references not related to you whom you have known at least one year.

Name	Address	Telephone #	Nature of Acquaintance (friend, employer, etc.)

I certify that answer given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application unless I have indicated to the contrary.

In the event of my employment, I understand that falsification or omission of any material information on this application, or failure to pass the physical examination, may be considered sufficient cause for immediate termination. I agree that I will abide by all policies and procedures established by the employer.

I hereby acknowledge that my employment is "at will", that I may resign at any time and the employer may terminate my employment at any time, with or without cause, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_