

UCP of Sacramento and Northern California

4350 Auburn Boulevard, Sacramento, Ca 95841

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E-mail: UCP@UCPSacto.org

An Equal Opportunity Employer

Employment Application

Comment [i1]: 4350 Auburn Blvd., Sacramento, cA 95841

Please Print

Name: _____ Date: _____

Home Telephone: (____) _____ Business Telephone: (____) _____

Present Address: _____

No. Street City State Zip

Permanent Address, if difference from present address:

No. Street City State Zip

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? _____

Are you at least 18 years old? Yes No

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

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)? Yes No

(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

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

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)? _____

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

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? If so, what? _____

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

Type of Business:					
Address:					
	No	Street	City	State	Zip
Telephone No:	()				
Supervisors Name:				Position:	
Telephone No:	()				
Duties:					
Date of Employment:	From			To	
Weekly Pay:	Starting			Ending	
Reason for Leaving:					

Name of Employer:

Type of Business:					
Address:					
	No	Street	City	State	Zip
Telephone No:	()				
Supervisors Name:				Position:	
Telephone No:	()				
Duties:					
Date of Employment:	From			To	
Weekly Pay:	Starting			Ending	
Reason for Leaving:					

Name of Employer:

Type of Business:					
Address:					
Telephone No:	No	Street	City	State	Zip
	()				
Supervisors Name:				Position:	
Telephone No:	()				
Duties:					
Date of Employment:	From			To	
Weekly Pay:	Starting			Ending	
Reason for Leaving:					

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Telephone No:	No	Street	City	State	Zip
	()				
Supervisors Name:				Position:	
Telephone No:	()				
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: Occupation: Address:	Telephone No: ()
	No. Street City State Zip
No. of Years Acquainted	

Name: Occupation: Address:	Telephone No: ()
	No. Street City State Zip
No. of Years Acquainted	

Name: Occupation: Address:	Telephone No: ()
	No. Street City State Zip
No. 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

_____ Date