

Application For Employment



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Position Applied For: _____

Date of Application: _____

How did you learn about this position?

_____ Advertisement _____ Friend _____ Walk-In _____ Relative _____ Other _____

Last Name	First Name	Middle Name or Initial
Street Address	Apt#	City
	State	Zip Code
Daytime Telephone	Evening Telephone	Social Security Number

In case of emergency please notify:

Last Name	First Name	Phone Number
Street Address	Apt#	City
	State	Zip Code

Check One:

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES _____ NO _____

Have you ever filed an application with United Cerebral Palsy? If yes, give date _____ YES _____ NO _____

Have you ever been employed with United Cerebral Palsy? If yes, give date _____ YES _____ NO _____

Are you currently employed? YES _____ NO _____

May we contact your present Employer? YES _____ NO _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.) YES _____ NO _____

On what date will you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Are you currently on "lay-off" status and subject to recall? YES _____ NO _____

Can you travel if a job requires it? YES _____ NO _____

Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant for employment.) If yes, please explain: _____

EDUCATION

Highest year completed: _____ GED

High School
1_ 2_ 3_ 4_

College
1_ 2_ 3_ 4_

Trade School
1_ 2_ 3_ 4_

High School Name _____ City _____ State _____

Graduate? YES _____ NO _____

College Name _____ City _____ State _____

Graduate? YES _____ NO _____

Type of Degree _____ Major _____ Minor _____

Trade School Name _____ City _____ State _____

Graduate? YES _____ NO _____

Type of Degree _____ Major _____ Minor _____

Indicate any foreign languages you can speak, read and/or write:

Speak _____ Fluently _____ Good _____ Fair _____

Read _____ Fluently _____ Good _____ Fair _____

Write _____ Fluently _____ Good _____ Fair _____

List any professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal sex, race, national origin, age, ancestry, or disabled or other protected status:

REFERENCES

Give name address and telephone number of three references who are not related to you and are not previous employers.

1. _____ | _____ | _____
Last Name First Name Phone Number

Street Address _____ Apt# _____ City _____ State _____ Zip Code _____

2. _____ | _____ | _____
Last Name First Name Phone Number

Street Address _____ Apt# _____ City _____ State _____ Zip Code _____

3. _____ | _____ | _____
Last Name First Name Phone Number

Street Address _____ Apt# _____ City _____ State _____ Zip Code _____

Have you ever had any job related job training in the United States Military?

If Yes, please describe: _____ YES _____ NO _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? YES _____ NO _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which race, color, religion, gender, national origin, handicap, or other protected status.

1. _____
Employer Name Phone Number

Street Address Apt #/Suite City State Zip Code

Job Title Supervisor
Dates Employed: From _____ To _____ Hourly Rate/ Salary: Start _____ Final _____
Work Performed (Please List Duties): _____

Reason For Leaving: _____

2. _____
Employer Name Phone Number

Street Address Apt #/Suite City State Zip Code

Job Title Supervisor
Dates Employed: From _____ To _____ Hourly Rate/ Salary: Start _____ Final _____
Work Performed (Please List Duties): _____

Reason For Leaving: _____

3. _____
Employer Name Phone Number

Street Address Apt #/Suite City State Zip Code

Job Title Supervisor
Dates Employed: From _____ To _____ Hourly Rate/ Salary: Start _____ Final _____
Work Performed (Please List Duties): _____

Reason For Leaving: _____

Summarize Any Job Related Special Skills and Qualifications: _____

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application may result in my discharge.

Applicant Signature

Date

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government recordkeeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please know that all Data Records are kept in confidential file and are not part of your application for employment or personal file. Please Note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Date: _____

Please print clearly all answers

Last Name			First Name		Middle Name or Initial	
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Street Address		Apt#	City	State	Zip Code
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Social Security Number

PLEASE CHECK APPLICABLE INFORMATION

Birth Date _____ Male _____ Female
 Month Day Year

Ethnic Origin (Check one of the following)

_____ Caucasian _____ Hispanic _____ Native American / Alaskan Native

_____ African American _____ Asian / Pacific Islander _____ Other (Identify)

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Handicapped