UCP United Cerebral Palsy of Orange County
Life without limits for people with disabilities™

Our commitment to the Orange County community is to help children with developmental disabilities reach their full potential, improve the quality of life for their families, and foster an attitude of acceptance and inclusion.

EMPLOYMENT APPLICATION

Equal Employment Opportunity: We prohibit unlawful discrimination on the basis of any characteristic protected by applicable local, state, or federal law.

Si no entiende las preguntas por favor pregunte y se pueden conseguir alguien que le tradusca.

Please Print

DATE: _____/_____/_____

Full Name	Social Security No.	Home Phone Number
Cell Phone Number	Email	
Current Address		
Previous Address		
Position desired	How were you referred to UCP?	
If you are under 18 years of age can you, after employment, submit a work permit? No ☐ Yes ☐		
Expected pay $ _____ per_____	Date available	Are you on layoff or subject to recall? No ☐ Yes ☐
Have you applied here before? No ☐ Yes ☐ When?	Have you previously been employed here? No ☐ Yes ☐ When? Under what name?	
If presently employed may we inquire of your present employer? No ☐ Yes ☐ Not applicable ☐	List any friends/relatives working at UCP:	

EDUCATION AND SKILLS

	Name of School	Location	No. of Years Completed/Degree
High School			
Trade or Business School			
College			
Post Graduate			

List certificates or licenses you hold, or specialized training you have completed that may help you qualify for employment:
List equipment that you operate that may help you qualify for employment:
List job related professional or technical organizations to which you belong:

Please note: If hired, you will be required to pass a physical and drug screen, TB test (or chest x-ray), DOJ/FBI background check & be acceptably added to our commercial auto policy if your position requires you to drive for UCP business.

Have you ever been convicted of a criminal offense? No ☐ Yes ☐ Please note: You need not divulge marijuana convictions that are more than two years old, convictions that have been sealed, expunged, or eradicated; or misdemeanor convictions for which probation has been completed or otherwise discharged and the case dismissed. If yes, state the nature of the crime(s), when and where convicted, and disposition of the case.

_____

_____

If the position for which you are applying requires that you drive, can you provide proof of a valid California driver's license, clean driving record and California auto insurance? No ☐ Yes ☐ CADL# _____

Are you able to perform the essential functions of the job for which you are applying? No ☐ Yes ☐ If no, please describe the essential functions that cannot be performed:

_____

_____

(Please note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing skill and agility tests.)

Can you, if employed, submit verification of your right to work in the United States? No ☐ Yes ☐

EMPLOYMENT HISTORY – *Complete in full regardless of resume submission*

If more space is needed, please use reverse side. Applications with missing information will be returned to be completed in full.

Employer	Title
Address	Supervisor's Name
Pay Rate	Telephone No.
Dates of Employment _____/_____/________ thru _____/_____/________	Duties
Reason for Leaving	
Employer	Title
Address	Supervisor's Name
Pay Rate	Telephone No.
Dates of Employment _____/_____/________ thru _____/_____/________	Duties
Reason for Leaving	
Employer	Title
Address	Supervisor's Name
Pay Rate	Telephone No.
Dates of Employment _____/_____/________ thru _____/_____/________	Duties
Reason for Leaving	
Employer	Title
Address	Supervisor's Name
Pay Rate	Telephone No.
Dates of Employment _____/_____/________ thru _____/_____/________	Duties
Reason for Leaving	

REFERENCES

Please list the names of two references other than your direct supervisor. Please do not include friends or relatives.

Name	Relationship
Address	Telephone No(s).
Name	Relationship
Address	Telephone No(s).

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 complete to the best of my knowledge. I further certify that I, the undersigned, have personally completed this application. I understand that my omission or misstatement of fact on this application, on any document used to secure employment or in my interview, may be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovered.

_____ I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by verbal exchange, written document or conduct unless such change is specifically acknowledged in writing by the Executive Director of United Cerebral Palsy of Orange County.

_____ I hereby authorize United Cerebral Palsy of Orange County to investigate all statements in this application as well as any other records concerning me and I will release all persons whomsoever from any claims, demands, or liabilities on account of furnishing such information, and United Cerebral Palsy of Orange County may, without liability, truthfully disclose said information and answer all inquiries and references concerning me.

_____ I understand that I am required to abide by all the rules and regulations of United Cerebral Palsy of Orange County.

I agree to all the above conditions.

____ ______/______/________

Applicant's Signature Date

____

Please print name

APPLICANT IDENTIFICATION RECORD

Regulations of the California Fair Employment and Housing Commission require employers to obtain certain information from each job applicant. This form is used to provide each applicant with an opportunity to furnish such information *voluntarily*. All information that is provided voluntarily will be used only for record-keeping purposes. Further, such information will be kept separate from the application and an employee's main personnel file. Such information will not be used for any discriminatory purposes.

1. Sex: Female _____ Male _____

2. Position Applied For: _____

3. Please Check One:

American Indian or Alaskan Native _____

Asian or Pacific Islander _____

African American (black) _____

Hispanic _____

Caucasian (white) _____

Other (please specify) _____

4. National Origin: _____

5. Date: _____