



Application for Employment

Please complete the form below to apply for a position with us.

Personal Information

First Name _____ M.I. _____ Last Name _____

Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Have you lived in Pennsylvania for at least two years? Yes No

Education

Please include your high school or equivalency education information as well as any post high school education information.

Name of School _____

Street Address _____

City _____ State _____ Zip Code _____

Course of Study _____

Number of Years Completed _____ Date of Graduation _____ Degree/Diploma _____

Name of School _____

Street Address _____

City _____ State _____ Zip Code _____

Course of Study _____

Number of Years Completed _____ Date of Graduation _____ Degree/Diploma _____

Name of School _____

Street Address _____

City _____ State _____ Zip Code _____

Course of Study _____

Number of Years Completed _____ Date of Graduation _____ Degree/Diploma _____

Please list any other training or skills.

—— Working with United Cerebral Palsy of Northeastern Pennsylvania ——
(UCP of NEPA)

Position Desired _____ Available Start Date _____ Salary Desired _____

Are you available to work overtime? Yes No

Some positions at UCP of NEPA require driving. Do you have a valid driver’s license? Yes No

How did you hear about this position with UCP of NEPA? Company Website Social Media Indeed
Referred by a family member/friend UCP of NEPA employee

If you were referred by a family member/friend or a UCP of NEPA employee, please list their name below.

Have you ever applied for employment at UCP of NEPA? Yes No

—— Current Employment Status ——

Are you currently employed? Yes No May we contact your current employer? Yes No

—— Employment History ——

Please list your past employers starting with your most recent employer.

Employer Name _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Start and End Date of Employment _____

Position _____ Supervisor’s Name _____

Reason for Leaving _____

Employer Name _____
Street Address _____
City _____ State _____ Zip Code _____ Phone Number _____
Start and End Date of Employment _____
Position _____ Supervisor's Name _____
Reason for Leaving _____

Employer Name _____
Street Address _____
City _____ State _____ Zip Code _____ Phone Number _____
Start and End Date of Employment _____
Position _____ Supervisor's Name _____
Reason for Leaving _____

Have you ever been convicted of a crime, including misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? Yes No

If yes, please describe in full.

References

Please list three people who are not related to you we may contact as references.

Name _____
Street Address _____
City _____ State _____ Zip Code _____ Phone Number _____
Years Known _____

Name _____
Street Address _____
City _____ State _____ Zip Code _____ Phone Number _____
Years Known _____

Name _____
Street Address _____
City _____ State _____ Zip Code _____ Phone Number _____
Years Known _____

Waivers

I give my permission for the people listed in the reference section of this application to be contacted by this agency as references for employment.

Please initial here.

The information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

Please initial here.

I understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. In Pennsylvania, employment is at-will and may be terminated by employer or employee at any time with or without cause.

Please initial here.

Signature

Today's Date

Please sign your name here.

Thank You!