



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.

Voluntary Self-Identification Form

Completion of this form is completely voluntary. The information is requested to help us comply with federal equal employment opportunity and affirmative action laws. Any information you provide will be kept confidential, stored separately from your application, and will not be used in any hiring decisions.

Gender

Please select your gender:

- Male
- Female
- Non-Binary
- I do not wish to self-identify

Race/Ethnicity

Please select your race/ethnicity:

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- I do not wish to self-identify

Veteran Status

Please select your veteran status:

- I am a protected veteran
- I am not a protected veteran
- I do not wish to self-identify

Disability Status

Please check one of the boxes below:

- Yes, I have a disability (or have a history/record of having a disability)
- No, I don't have a disability (or have a history/record of having a disability)
- I do not wish to self-identify

Thank You!

United Cerebral Palsy of Northeastern Pennsylvania is an Equal Opportunity Employer that recruits and hires qualified candidates without regard to race, religion, sex, sexual orientation, gender identity, age, national origin, ancestry, citizenship, disability, or veteran status.