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**UNITED CEREBRAL PALSY OF NORTHERN, CENTRAL AND SOUTHERN, NEW JERSEY, INC.
 EMPLOYMENT APPLICATION**

PERSONAL INFORMATION:

Name _____ Phone (Home) _____ (Work) _____

Address _____

_____ E-mail _____

Referred by _____

EMPLOYMENT DESIRED:

Position _____ Date you can start _____

Salary Desired _____ Are you employed? _____

If so, may we call your employer? _____

Have you ever applied to UCP before? _____ When? _____

EDUCATION:

	Name & Location Of School	Years Attended	Did You Graduate
High School			
College			
Trade or Business School			
Other			

Related classes or certifications: _____

What foreign language do you speak fluently? _____

Read _____ Write _____

Military Services _____

EMPLOYMENT EXPERIENCE:

1) Position _____ Dates Employed _____

Employer Name _____

Address _____

Phone # _____ Salary _____

Reason for Leaving _____

Supervisor _____

2) Position _____ Dates Employed _____

Employer Name _____

Address _____

Phone # _____ Salary _____

Reason for Leaving _____

Supervisor _____

3) Position _____ Dates Employed _____

Employer Name _____

Address _____

Phone # _____ Salary _____

Reason for Leaving _____

Supervisor _____

4) Position _____ Dates Employed _____

Employer Name _____

Address _____

Phone # _____ Salary _____

Reason for Leaving _____

Supervisor _____

Job Related Training _____

Volunteer Experience _____

GENERAL INFORMATION:

Are you a citizen of the United States? Yes _____ No _____

Have you ever had any criminal convictions? Yes _____ No _____

Have you ever been adjudged civilly or criminally liable for abuse of a developmentally disabled person?
Yes _____ No _____

If yes, give details and rehabilitation received. _____

Do you have a valid driver's license? Yes _____ No _____

If yes, what state? New Jersey _____ Other _____

Are you at least 18 years of age? Yes _____ No _____

Do you agree to cooperate with any legal or agency investigation to the best of your ability?
Yes _____ No _____

REFERENCES:

Give below the names of three persons not related to you who could attest to your qualifications and/or attributes, and whom you have known at least one year. Two of these references must be work references.

1) Name _____ Phone # _____

Address _____

Nature of relationship _____ Years Known _____

2) Name _____ Phone # _____

Address _____

Nature of relationship _____ Years Known _____

3) Name _____ Phone # _____

Address _____

Nature of relationship _____ Years Known _____

4) Name _____ Phone # _____

Address _____

Nature of relationship _____ Years Known _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name _____ Phone # _____

Address _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

First Interview conducted by _____ Date _____

Comments and recommendations _____

Second Interview conducted by _____ Date _____

Comments and recommendations _____

REFERENCES CHECKED
