



PERSONAL INFORMATION

Name _____

Social Security Number _____

Mailing Address _____

Telephone Number/s _____

Email Address _____

How were you referred to UCP? _____

Are you related to any UCP Board Member or Employee? _____

If so, to whom? _____

Have you ever applied to UCP before? _____

Is so, when? _____

CPR Certified/First Aid Certified? _____ Certification Date: _____

EMPLOYMENT HISTORY

Date of Employment	Name of Address of Employer	Position	Reason for Leaving

PERSONAL REFERENCES

Name	Address	Yrs. Acquainted	Telephone Number



EDUCATION, SPECIAL TRAINING & PERSONAL INTERESTS

PLEASE GIVE A BRIEF PERSONAL HISTORY OF THE FOLLOWING

Formal Education (High School, College, Etc) _____

Special Training/Experience with Disabled _____

Personal Interests (Civic, Athletic, Etc) _____

REPORTING OF DEPENDENT CHILD AND ADULT ABUSE AGREEMENT

I, _____, undersigned applicant for employment as a United Cerebral Palsy of the Inland Empire Respite Care Worker, do hereby acknowledge that, as an employee of UCP/IE, I am mandated to report immediately to the Respite Coordinator any evidence or suspicion of child or adult physical and/or sexual abuse; furthermore, I do understand that my failure to do so, may result in the immediate termination of my employment.

Signature of Applicant

Date

APPLICANT AGREEMENT

I, the undersigned applicant, do hereby authorize United Cerebral Palsy of the Inland Empire to investigate all statements contained in this application. I understand that any misrepresentation or omission of facts called for in this application or future employment interviews with UCPIE is call for dismissal. Futhermore, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and /or salary, be terminated at any time without any previous notice.

Signature of Applicant

Date