



**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_

How were you referred to UCPIE? \_\_\_\_\_

If referred to work with a UCPIE client please provide the client's full name: \_\_\_\_\_

Are you related to a UCPIE board member or employee? \_\_\_\_\_

Have you ever applied to UCPIE before? \_\_\_\_\_

If so, when? \_\_\_\_\_

CPR Certified? \_\_\_\_\_ Certification date: \_\_\_\_\_

First Aid Certified? \_\_\_\_\_ Certification date: \_\_\_\_\_

**EMPLOYMENT HISTORY**

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

PERSONAL REFERENCES			
Name	Address	Years Acquainted	Telephone Number

**EDUCATION, SPECIAL TRAINING & PERSONAL INTERESTS (please provide 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 direct support staff member, do hereby acknowledge that, as an employee of UCPIE I am a mandated to report immediately to UCPIE management staff and the state any 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:  X

Date: [Click here to enter a 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. Furthermore, 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 previous notice.

Signature of applicant:  X

Date: [Click here to enter a date.](#)

## RESPITE WORKER PREFERENCES

### PREFERENCES:

With what ages are you willing to work?  
 4-12yrs     13-17yrs     Adults

Are you willing to change diapers?  
 Yes     No

Are you comfortable working with total care non-ambulatory clients?  
 Yes     No

Are you willing to lift?  
 Yes     No

Are you ok with households that have pets/animals?  
 Yes     No

Details: \_\_\_\_\_

Do you prefer a non-smoking household?  
 Yes     No

Are you willing to care for clients with siblings?  
 Yes     No

If referred by family or friend are you willing to work with other families?  
 Yes     No

### IN WHAT AREAS ARE YOU WILLING TO WORK?

MARK an X

	Riverside County	San Bernardino County
	Banning	Apple Valley
	Beaumont	Chino
	Bermuda Dunes	Colton
	Cathedral city	Fontana
	Cherry Valley	Hesperia
	Coachella	Highland
	Corona	Joshua Tree
	Desert Hot Springs	Landers
	Hemet	Mentone
	Indio	Morongo Valley
	La Quinta	Phelan
	Lake Elsinore	Pinon Hills
	Mecca	Rancho Cucamonga
	Moreno Valley	Redlands
	Murrieta	Rialto
	Norco	San Bernardino
	Palm Desert	Victorville
	Palm Springs	Wrightwood
	Perris	Yucaipa
	Rancho Mirage	Yucca Valley
	Riverside	29 Palms
	Temecula	
	Thermal	
	Thousand Palms	
		<b>San Diego County</b>
	<b>Los Angeles County</b>	Fallbrook
	Los Angeles	Oceanside
	Pico Rivera	
	West Covina	

### AVAILABILITY:

Mon:	Fri:
Tues:	Sat:
Wed:	Sun:
Thurs:	