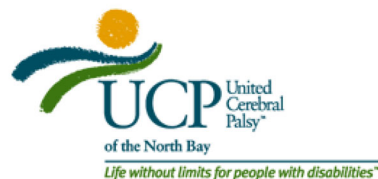


# United Cerebral Palsy of the North Bay

1425 N. McDowell Blvd, Suite 115  
Petaluma, CA 94954  
707-766-9990 (Phone)  
707-559-2466 (Fax)  
Email: info@ucpnb.org



## Application for Employment

*Please Print*

NAME:

	Last	First	Middle Initial
--	------	-------	----------------

ADDRESS:

	CITY	STATE	ZIP
--	------	-------	-----

PHONE:

CELL:

SS#:

EMAIL ADDRESS:

*(required for staff email communication)*

POSITION APPLYING FOR:

Do you have a valid driver's license?

Yes  NO

If you are not a US Citizen, do you have the legal right to remain permanently in the US?

Yes  NO

Are you employed now?

Yes  NO

If so, may we contact your employer?

Yes  NO

### EDUCATION

	Name & Location of School	Years Attended	Graduate?
High School			
College			
Trade School			

Employment Desired:

Are you applying for Regular full-time work?

Regular part-time work?

Temporary work (e.g., summer or holiday work)?

---

What days and hours are you available for work?

---

Why are you applying for work at the United Cerebral Palsy of the North Bay?

---

---

If hired, do you have a reliable means of transportation to and from work?   Yes

---

Are you at least 18 years of age?   Yes   
NO

---

Can you present evidence of your US citizenship or proof of your legal right to live and work in this country?  Yes   
NO

---

Are you able to perform the essential functions of the job for which you are applying either with or without reasonable accommodation?  Yes   
NO

---

Have you ever applied or worked for United Cerebral Palsy of the North Bay before?   Yes   
NO

---

If yes, when?   Yes   
NO

---

Do you have any friends or relatives working for United Cerebral Palsy of the North Bay?   Yes   
NO

---

If yes, state name(s) and relationship.

---

Are you related to anyone served by the Regional Center system?   Yes   
NO

---

Have you ever been investigated by Community Care licensing?   Yes   
NO

---

If you have answered yes to EITHER of these last two questions, please explain:

---

---

---

---

---

Have you ever been convicted of a criminal offense, felony or misdemeanor?   Yes   
NO

---

If yes, state below the nature of the crime (s), when and where convicted, and the disposition of the case. A criminal clearance is required by Community Care Licensing for any employee who has contact with our consumers. We will do a background check and Live Scan fingerprinting on all prospective employees. *(Conviction of a criminal offense will not necessarily bar you from employment here. By law, your fingerprints must be submitted to the Federal Bureau of Investigation. If you disclose offenses on*

---

*this application form, special consideration can be given to their nature and circumstances. Failure to make full disclosure will cause UCPNB to require your immediate termination of employment.)*

**EMPLOYMENT HISTORY**

*List all employment of the past five years, starting with the most recent. Please complete the following section even if attaching a resume.*

Name of Employer

Address

No. Street

City

State

Zip

Type of Business

Supervisor's Name

Phone Number:

Your Position and Duties

Date of Employment: From

To

Reason for Leaving

May we contact your employer?  Yes  NO

Name of Employer

Address

No. Street

City

State

Zip

Type of Business

Supervisor's Name

Phone Number:

Your Position and Duties

Date of Employment: From

To

Reason for Leaving

May we contact your employer?  Yes  NO

Name of Employer

Address

No. Street

City

State

Zip

Type of Business

Supervisor's Name

Phone Number:

Your Position and Duties

Date of Employment: From

To

Reason for Leaving

May we contact your employer?  Yes  NO

Give below the names of three persons *not related to you* whom you have known for a minimum of one year, and be sure to include phone numbers.

Name & Relationship	Address	Phone
1.		
2.		
3.		

<p>_____</p> <p><i>Initials</i></p>	<p>1. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.</p>
<p>_____</p> <p><i>Initials</i></p>	<p>2. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.</p>
<p>_____</p> <p><i>Initials</i></p>	<p>3. I hereby authorize investigation of all statements and records contained in this application and I authorize all references I have listed to disclose to UCPNB any and all information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release the United Cerebral Palsy of the North</p>

	<p>Bay, my former employers and all other persons, corporations, partnerships and associations from any and all claims arising out of or in any way related to such investigation or disclosure.</p>
<p><i>Initials</i></p>	<p>4. Further, I understand and agree that my employment is <i>at-will</i> and for no definite period and may be terminated at any time without any previous notice at the option of the United Cerebral Palsy of the North Bay or myself, and that no promises or representation contrary to the foregoing are binding on UCPNB unless made in writing and signed by me and the agency's representative. I agree to abide by the rules of the United Cerebral Palsy of the North Bay set forth in the Personnel Policies and Staff Manual. I agree to submit an authenticated fingerprint card, evidence of good health, T.B. test result, and a D.M.V. Driving Record printout <u>before</u> reporting to work.</p>

Signature: \_\_\_\_\_

Date