



ATTENTION ALL APPLICANTS

Please fill out the application completely. Failure to provide the requested information or incomplete answers could result in your application being rejected as incomplete. Any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.

United Cerebral Palsy of Arkansas provides a drug free environment for our clients and staff. A MANDATORY DRUG SCREEN/CRIMINAL CHECK is a required part of the pre-employment screening process. Any employment offer will be rescinded for an applicant who refuses to comply with this request, or who fails to pass the drug screen/criminal check.

WHAT HAPPENS TO YOUR APPLICATION

1. Your application will be reviewed by Human Resources and sent to the appropriate hiring authority.
2. If you are considered for a position, you will be contacted within 30 days to schedule an interview and a pre-employment profile.
3. Applications are kept on file for 30 days. After 30 days you may re-apply for any position for which you are qualified.

INTERNET VERSION



UNITED CEREBRAL PALSY

9720 N Rodney Parham Road, Little Rock, AR 72227

E-mail: hr@ucpcark.org

APPLICATION FOR EMPLOYMENT

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A". Do not leave questions blank. Be sure to sign when completed. United Cerebral Palsy is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different positions and titles, but each copy must have an original signature. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application becomes the property of United Cerebral Palsy. We are a drug free workplace and all applicants are required to pass a pre-employment drug screen.

Name _____ Social Security # _____
(Last) (First) (Middle)

Street _____ Phone # _____

City _____ State _____ Zip _____

E-Mail Address _____

List any other names used if different from name given on this application _____

Position applying for _____ Salary Desired _____

Full-Time • Part-Time • Other _____ Date available for work _____

Have you ever applied for work with us before Yes • No • If "Yes" when _____

Are you at least 18 years of age? Yes • No • Have you ever been convicted of a felony? Yes • No •

If you answer "Yes", explain in concise detail of conviction(s) on a separate sheet of paper. Provide the dates and nature of offense(s), the name and location of the court(s), and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. (Note: Some departments may require additional information related to convictions of misdemeanors and deferred adjudication.)

Do you have any relatives working for United Cerebral Palsy? Yes • No •

If "Yes", list name, relationship and city where employed: _____

Military Service (Note: A copy of a report of separation may be required) Date of service (From/To) _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 HS Grad or GED? 13 14 15 16 17 18

Type of School Completed	Name and Location of School	Credit	Graduated Hours	Expected Graduation Yes/No	Type of Diploma/ Date	Major/ Degree	Minor
Under-graduate School							
Graduate School							
Technical or Business School							

License/Certificate	Date Issued	Issued By	License #	Location of Issuing Authority

(Note: Applicants may be required to provide proof of diplomas, degrees, transcripts, licenses, certifications, and registrations.)

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed.

1. Indicate ALL employment. Begin with your current or last position and work back to your first position.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space, you may attach an employment history providing the same information in the same format.

Company Name _____ Telephone No. _____

Address: _____ Dates of Employment _____
From To

City: _____ State: _____ Zip: _____

Name/Title of Supervisor: _____ Beginning Salary _____
Ending Salary _____

Job Title _____

Duties & Responsibilities: _____

Reason for Leaving _____

Company Name _____ Telephone No. _____

Address: _____ Dates of Employment _____
From To

City: _____ State: _____ Zip: _____

Name/Title of Supervisor: _____ Beginning Salary _____
Ending Salary _____

Job Title _____

Duties & Responsibilities: _____

Reason for Leaving _____

Company Name _____ Telephone No. _____

Address: _____ Dates of Employment _____
From To

City: _____ State: _____ Zip: _____

Name/Title of Supervisor: _____ Beginning Salary _____
Ending Salary _____

Job Title _____

Duties & Responsibilities: _____

Reason for leaving _____

May we contact your current employer? Yes • No •

Special Skills/Qualifications: (Note: List all special skills you possess and machines or office equipment you can use, such as a calculator, printing or graphics equipment, computer equipment, types of software and hardware, etc.)

Approximate words per minute accurate typing: (Note: If required for this position) _____ WPM

Do you speak a language other than English? (Note: If required for this position.) Yes • No •

If "Yes", what language(s) do you speak? _____ How fluent? Fair • Good • Excellent •

List three personal references that are not former employers or relatives that have known you for three years or more.

NAME	OCCUPATION	PHONE
1. _____		
2. _____		
3. _____		

Please Read the Following Statements Carefully and Indicate Your Understanding and Acceptance by Signing in the Space Provided

1. I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that and misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I understand that as condition of employment, I will be required to provide legal proof of authorization to work in the United States.
3. This release and authorization acknowledges that United Cerebral Palsy may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, obtain motor vehicle records, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any State and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under this company's employment policies. All results will be proprietary and kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated company personnel.
4. I do hereby agree to forever release and discharge the company and its associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information of the nature and scope of the investigative report.

Signature

Date



VOLUNTARY APPLICANT INFORMATION

This information is requested strictly on a voluntary basis for *Affirmative Action and Equal Opportunity* purposes and will not be considered as part of the application for employment.

Name _____

Address _____

Phone No. _____

Sex: Male • Female • Birth date: _____

Ethnic Origin:

White • Black • Hispanic • Asian/Pacific Islander • Amer. Indian • Other •

How did you find out about this position?

Current UCP employee •

Job Fair •

Employment Agency •

Newspaper •

Other • _____

Applicant Name Date

Equal Employment Opportunity Employer