



**United Cerebral Palsy Association**  
**8525 Gibbs Drive, Suite 209**  
**San Diego, CA 92123**  
**(858) 571-7803**  
**(858) 571-0919 Fax**  
**www.ucpsd.org**

**EMPLOYMENT APPLICATION**

**Equal Employment Opportunity:** United Cerebral Palsy Association (“UCP”) is an equal opportunity employer and prohibits unlawful discrimination on the basis of any characteristics protected by applicable local, state, or federal law.

**Please Print**

Date \_\_\_\_\_

Full Name		Home Phone Number	
Cell Phone Number		Email	
Current Address			
Position desired		How were you referred to UCP?	
Expected pay \$ _____ per _____		Date available	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18 years of age, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you applied at UCP before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		Have you previously been employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Under what name?	
Can you, if employed, submit verification of your right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		List any friends/relatives employed at UCP:	

**EDUCATION BACKGROUND**

	Name of School	Location	No. of Years Completed?	Degree Yes or No?
High School				
Trade/Business School				
College				
Post Graduate				

List certificates or licenses you hold, or specialized training you have completed that may help you qualify for employment: \_\_\_\_\_

List job related professional or technical organizations to which you belong: \_\_\_\_\_

**EMPLOYMENT HISTORY (Recent Employment First) – *Please complete in full regardless of resume submission. Applications with missing information will be returned to be completed in full.***

Employer		Title	
Address		Supervisor's Name	
Dates of Employment _____ thru _____		Telephone No. _____	
Duties: _____ _____			
Reason for Leaving	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____		
Employer		Title	
Address		Supervisor's Name	
Dates of Employment _____ thru _____		Telephone No. _____	
Duties: _____ _____			
Reason for Leaving	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____		
Employer		Title	
Address		Supervisor's Name	
Dates of Employment _____ thru _____		Telephone No. _____	
Duties: _____ _____			
Reason for Leaving	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____		
Employer		Title	
Address		Supervisor's Name	
Dates of Employment _____ thru _____		Telephone No. _____	
Duties: _____ _____			
Reason for Leaving	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation: _____		

Please explain all periods of unemployment: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying?  Yes  No If no, please describe the essential functions that cannot be performed: \_\_\_\_\_

This job may require that you be able to lift 50 pounds independently. Are you able to do this?  Yes  No

Do you have training in proper lifting techniques:  Yes  No

Do you possess a current CPR Card?  Yes  No Date Expired: \_\_\_\_\_

Do you possess a current First Aid Training Card  Yes  No Date Expired: \_\_\_\_\_

- If offered employment, it may be contingent upon your passing a pre-employment health screening, alcohol and drug screening, and TB test (or chest x-ray).

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If the position you are applying for requires that you drive, can you provide proof of a valid California driver's license, clean driving record and California auto insurance?  Yes  No CADL# \_\_\_\_\_

If the position you are applying for requires that you drive, has your driver's license ever been suspended or revoked?  Yes  No If yes, state the nature of the offense(s), when (date) and where of the offenses and disposition of the case: \_\_\_\_\_

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## REFERENCES

Please list three people other than your direct supervisor. Please do not include friends and relatives.

Name	Relationship
Address	Telephone No(s).
Name	Relationship
Address	Telephone No(s).
Name	Relationship
Address	Telephone No(s).

Please read carefully, initial each paragraph and sign below:

\_\_\_\_\_ 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 complete to the best of my knowledge. I further certify that I have personally completed this application. I understand that my omission or misstatement of any information on this application, on any document used to secure employment or in my interview, may be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovered.

\_\_\_\_\_ I understand and acknowledge that, if I am employed by UCP, the employment will be on an "at-will" basis, meaning that either I or UCP may terminate the employment relationship at any time, with or without cause and with or without notice. It is further understood the at-will employment relationship may not be changed by verbal exchange, written document or conduct unless such change is specifically agreed to in writing by the Executive Director of UCP.

\_\_\_\_\_ I hereby authorize UCP to investigate all statements in this application as well as any other records concerning me and I hereby release all persons whomsoever from any claims, demands, or liabilities on account of furnishing such information, and UCP may, without liability, truthfully disclose such information and answer all inquiries and references concerning me.

\_\_\_\_\_ I understand that if I am offered employment by UCP, it may be conditioned upon my successfully passing a pre-employment health screening, alcohol and drug screening, and TB test (or chest x-ray). I understand that any offer of employment, and my continuing employment if hired by UCP, is contingent upon my being physically and mentally, with or without reasonable accommodation, to successfully perform the essential functions of my job.

\_\_\_\_\_ I understand that, if hired by UCP, I will be required to abide by all of UCP's employment policies and procedures, and rules and regulations.

I have read, understand, and by my signature consent to these statements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

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**Please send your completed, signed application to:**

**Fax: (858) 571-0919**

**Email: [jobs@ucpsd.org](mailto:jobs@ucpsd.org)**

**Mail to: United Cerebral Palsy Association  
Human Resources  
8525 Gibbs Drive, Suite 209  
San Diego, CA 92123**