



UCCR EMPLOYMENT APPLICATION

APPLICATION NEEDS TO BE COMPLETED IN ENTIRETY TO BE CONSIDERED FOR EMPLOYMENT

PLEASE PRINT

Date: _____

Name: _____

Address: _____

Business Telephone: (____) _____

Home Telephone: (____) _____

EMPLOYMENT DESIRED

Are you applying for: Regular full-time work _____ Regular part-time work _____ Seasonal work _____

If applying for seasonal work, during what period of time are you available?

From _____ To _____

What days and hours are you available for work? _____

Are you available to work on weekends? _____ Overtime, if necessary? _____

Do you prefer/require a specific location? If so, please name: _____

Are you willing to live on site, if necessary? _____ (Housing, if provided, is at the convenience of the employer.)

Position Applying For: _____

PERSONAL INFORMATION

Have you applied to or worked for UCCR before? _____ Dates _____ Site(s) _____

Why are you applying to work at UCCR? _____

If hired, would you have a reliable means of transportation to and from work? Yes _____ No _____

If under 18, can you submit a work permit? Yes _____ No _____

If hired, can you present evidence of US citizenship or proof of 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 _____

If no, describe the functions that cannot be performed _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes _____ No _____
(Convictions for marijuana-related offenses that are more than two years old need not be listed.)

If yes, state nature of the crime(s), when and where convicted and disposition of the case: _____

(Note: No applicant will be denied employment solely on the ground of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of years completed	Did you graduate	Degree or Diploma
High School				
College/University				
Vocational/ Business/Military				
Health Care				
Camp/Retreat				

Do you have any other experience, training, qualifications or skills that you feel make you especially suited for work at UCCR? If so, please explain: _____

List any machines or equipment that you are qualified and experienced at operating: _____

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: _____

Address: _____

Type of Business: _____

Telephone No. (____) _____ Name and Title of Supervisor: _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

Was employment full time _____ part time _____ May we contact? _____

Name of Employer: _____

Address: _____

Type of Business: _____

Telephone No. (____) _____ Name and Title of Supervisor: _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

Was employment full time _____ part time _____ May we contact? _____

Name of Employer: _____

Address: _____

Type of Business: _____

Telephone No. (____) _____ Name and Title of Supervisor: _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

Was employment full time _____ part time _____ May we contact? _____

Name of Employer: _____

Address: _____

Type of Business: _____

Telephone No. (____) _____ Name and Title of Supervisor: _____

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

Was employment full time _____ part time _____ May we contact? _____

Note: Attach additional page(s) if necessary.

REFERENCES

List additional references below

Name: _____ Telephone: (____) _____

Address: _____

Occupation: _____ Number of years acquainted: _____

Name: _____ Telephone: (____) _____

Address: _____

Occupation: _____ Number of years acquainted: _____

Name: _____ Telephone: (____) _____

Address: _____

Occupation: _____ Number of years acquainted: _____

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH
AND SIGN BELOW**

APPLICANT'S CERTIFICATION, AUTHORIZATION AND RELEASE

_____ UCCR is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, religion, sexual orientation and gender, national origin, age, handicap or other protected groups under state, federal or local Equal Opportunity laws.

_____ I certify that I have not withheld any information requested of me and that the answers given by me are true and correct and complete to the best of my knowledge.

_____ I certify that I have personally completed this application.

_____ I understand and agree that any omission or misstatement on this application or on any document used to obtain employment with UCCR shall, at any time, be grounds for rejection of this application or for my immediate discharge if I am employed at UCCR.

_____ I understand and agree that overtime work may be required of me.

_____ I authorize UCCR to investigate all job-related matters including but not limited to my immigration status, educational background, references, prior work record and, if applicable, any criminal record I might have.

_____ I authorize UCCR to submit my fingerprints for investigation and to use the information derived from them, whether as part of the application process or as a condition of my continued employment at UCCR.

_____ I authorize all persons whom I have listed as references, and all persons that UCCR might contact about my employment at UCCR, to speak candidly about any matter that might, in their judgement, have any possible bearing on my suitability for employment at UCCR. I further authorize them to provide UCCR with any and all letters, reports and other information that might relate to the question of my suitability for employment at UCCR, without giving me prior notice of any such disclosure.

_____ I release and waive any and all claims I have or may have against UCCR and its directors, officers, employees and agents, and any and all persons and/or entities who/which provide information in the course of any inquiry made by UCCR in conjunction with my employment there.

_____ I understand and agree that, in the absence of an express written statement to the contrary signed by an authorized representative of UCCR, there is no employment contract between me and UCCR, and that nothing contained in my application, or conveyed during a job interview, or that may occur during my possible employment at UCCR is or shall constitute evidence of an employment contract between me and UCCR.

_____ I understand and agree that, in the absence of a written employment contract with express statements to the contrary, if I am employed by UCCR, my employment is "at-will," for no definite or determinable period and may be terminated by me or UCCR at any time with or without prior notice, and with or without cause, at my option or at the option of UCCR.

Date: _____

Applicant's Signature: _____