
EMPLOYMENT APPLICATION

**United Cerebral Palsy Association
of Greater Chicago**



**325 North Wells Street, Suite 321
Chicago, Illinois 60610**

**Phone: 312-464-1608
TDD: 312-321-1233
Fax: 312-464-1646**

Position Applied For: _____ Date: _____

United Cerebral Palsy Association of Greater Chicago is an equal opportunity employer. The agency complies with Federal and State laws prohibiting discrimination in employment practices based on race, color, religion, sex, age, veteran status, disability, national origin or any other legally protected status.

GENERAL:

Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Social Security Number: _____

Are you related to any UCP Chicago employee? Yes ___ No ___ If yes, name of employee and your relationship:

If you were ever listed by another name at a previous place of employment, please state that other name and where used:

Name: _____ Where Used: _____

Type of position for which you are applying: _____

Who referred you to United Cerebral Palsy Association of Greater Chicago? _____

Minimum salary requirement per month: \$ _____

EDUCATION/SKILLS

Type of School	Name & Address	Did You Graduate?	Course Of Study	Years Completed				List type of Degree, Certificate, Diploma, etc.
				1	2	3	4	
Grade/Middle School		[] Yes						
		[] No						
High School		[] Yes		1	2	3	4	
		[] No						
College		[] Yes		1	2	3	4	
		[] No						
Other Education		[] Yes		1	2	3	4	
		[] No						
Other Education		[] Yes						
		[] No						

EMPLOYMENT RECORD -INCLUDE MILITARY SERVICE

PRESENT OR LAST EMPLOYER	Company	Address, City, State, Zip	
	Job Title	Supervisor	Phone (Include Area Code)
DATES EMPLOYED FROM TO	Responsibilities / Area of Specialization		Your Last Name if Different
			Last Salary
	Reason for Leaving		May We Contact? [] Yes [] No

PRESENT OR LAST EMPLOYER	Company	Address, City, State, Zip	
	Job Title	Supervisor	Phone (Include Area Code)
DATES EMPLOYED FROM TO	Responsibilities / Area of Specialization		Your Last Name if Different
			Last Salary
	Reason for Leaving		May We Contact? [] Yes [] No

PRESENT OR LAST EMPLOYER	Company	Address, City, State, Zip	
	Job Title	Supervisor	Phone (Include Area Code)
DATES EMPLOYED FROM TO	Responsibilities / Area of Specialization		Your Last Name if Different
			Last Salary
	Reason for Leaving		May We Contact? [] Yes [] No

PRESENT OR LAST EMPLOYER	Company	Address, City, State, Zip	
	Job Title	Supervisor	Phone (Include Area Code)
DATES EMPLOYED FROM TO	Responsibilities / Area of Specialization		Your Last Name if Different
			Last Salary
	Reason for Leaving		May We Contact? [] Yes [] No

MISCELLANEOUS:

List the beginning date you are available for employment: _____

Are you legally eligible to work in the United States? Yes ___ No ___

Have you ever been convicted of a crime? Yes ___ No ___

If "yes," a Felony ___ or Misdemeanor ___ State ___ where, when, and the disposition of such conviction

Please Note: You are not obligated to disclose sealed or expunged records of convictions or arrests.

List any current professional license certifications

Has your license ever been limited in any way including probation, suspension or revocation? Yes ___ No ___

List any honors, awards, publications, leadership positions, etc.:

COMPUTER SKILLS

Word Processing:

[] Yes [] No If "yes, check which applies: [] Word Perfect [] Word [] Other

Computer Software you are proficient with:

[] Access [] Excel [] Windows [] Other

Add any comments you feel are pertinent to your application: _____

Applicant Name: _____ **Date:** _____

Indicate names of persons willing to provide professional references (no relatives).

PROFESSIONAL REFERENCES

(1) Name: _____

Address: _____

Telephone: _____

Occupation: _____

Comments (*applicant leave blank*): _____

(2) Name: _____

Address: _____

Telephone: _____

Occupation: _____

Comments (*applicant leave blank*): _____

(3) Name: _____

Address: _____

Telephone: _____

Occupation: _____

Comments (*applicant leave blank*): _____

(4) Name: _____

Address: _____

Telephone: _____

Occupation: _____

Comments (*applicant leave blank*): _____

NOTE TO JOB APPLICANT:

DO NOT ANSWER THIS QUESTION UNTIL THE JOB REQUIREMENTS HAVE BEEN DISCUSSED WITH YOU.

Are you capable of performing the activities involved in the job you have applied for with or without reasonable accommodation? Yes ___ No ___

PLEASE READ AND SIGN THIS STATEMENT:

The Information provided on this application is accurate to the best of my knowledge. I understand and agree that any misrepresentation or omissions will result in refusal of employment or dismissal after employment. I authorize United Cerebral Palsy Association of Greater Chicago to verify any information contained in this application.

I understand that any offer of employment is subject to satisfactory results from a test for use of illegal drugs and I consent to future such tests as may be required by United Cerebral Palsy Association of Greater Chicago.

If accepted for employment, I understand that my employment is for no definite period of time and is terminable-at-will. I also agree to abide by all rules, regulations and policies of United Cerebral Palsy Association of Greater Chicago.

Signature: _____ **Date:** _____