**UCP of Greater Cleveland**

10011 Euclid Avenue

Cleveland, OH 44106

**Employment Application**

1. **Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| LAST NAME      | FIRST      | MIDDLE      | HOME PHONE(      )             |
| ADDRESS/P.O. BOX      | APT, UP/DOWN, FRONT/REAR      | CELL PHONE(      )            |
| CITY      | STATE      | ZIPCODE      | EMAIL ADDRESS      |

1. **Employment Objective**

|  |  |
| --- | --- |
| POSITION (S) DESIRED1.
2.
3.
 | SALARY REQUIREMENT      |
| TYPE OF EMPLOYMENT DESIRED[ ]  FULL TIME[ ]  PART TIME |

1. **Employment History** Accurately list your previous employment beginning with the most recent employer first. Include military service. Applications without complete information will not be considered.

|  |  |  |
| --- | --- | --- |
| COMPANY      | DATES OF EMPLOYMENTFROM:       TO:       | ENDING RATE OF PAY      |
| ADDRESS/P.O. BOX      | CITY      | STATE      | ZIPCODE      | PHONE(      )             |
| NAME AND TITLE OF SUPERVISOR      | REASON FOR LEAVING      |
| JOB TITLE       |
| DESCRIPTION OF DUTIES      |
|  |
| COMPANY      | DATES OF EMPLOYMENTFROM:       TO:       | ENDING RATE OF PAY      |
| ADDRESS/P.O. BOX      | CITY      | STATE      | ZIPCODE      | PHONE(      )             |
| NAME AND TITLE OF SUPERVISOR      | REASON FOR LEAVING      |
| JOB TITLE       |
| DESCRIPTION OF DUTIES      |
| COMPANY      | DATES OF EMPLOYMENTFROM:       TO:       | ENDING RATE OF PAY      |
| ADDRESS/P.O. BOX      | CITY      | STATE      | ZIPCODE      | PHONE(      )             |
| NAME AND TITLE OF SUPERVISOR      | REASON FOR LEAVING      |
| JOB TITLE       |
| DESCRIPTION OF DUTIES      |
|  |
| COMPANY      | DATES OF EMPLOYMENTFROM:       TO:       | ENDING RATE OF PAY      |
| ADDRESS/P.O. BOX      | CITY      | STATE      | ZIPCODE      | PHONE(      )             |
| NAME AND TITLE OF SUPERVISOR      | REASON FOR LEAVING      |
| JOB TITLE       |
| DESCRIPTION OF DUTIES      |

1. **Education**

|  |  |  |
| --- | --- | --- |
| HIGH SCHOOL NAME      | DID YOU GRADUATE[ ]  YES [ ]  NO | IF NO, DID YOU OBTAIN YOUR G.E.D.[ ]  YES [ ]  NO |
| CITY      | STATE      | HIGHEST YEAR COMPLETED[ ]  1 [ ]  2 [ ]  3 [ ]  4  |
| COLLEGE NAME      | DID YOU GRADUATE[ ]  YES [ ]  NO  | DEGREE      |
| CITY       | STATE      | HIGHEST YEAR COMPLETED[ ]  1 [ ]  2 [ ]  3 [ ]  4  | MAJOR      |
| GRADUATE COLLEGE OR OTHER (TRADE,ETC.) NAME      | DID YOU GRADUATE[ ]  YES [ ]  NO  | DEGREE      |
| CITY       | STATE      | HIGHEST YEAR COMPLETED[ ]  1 [ ]  2 [ ]  3 [ ]  4  | MAJOR      |
|  |
| LICENSES      | TYPE      | STATE ISSUED      | DATE EXPIRES      |

1. **Professional References (Please provide three)**

|  |  |  |
| --- | --- | --- |
| NAME      | PHONE(      )             | RELATIONSHIP      |
| NAME      | PHONE(      )             | RELATIONSHIP      |
| NAME      | PHONE(      )             | RELATIONSHIP      |

1. **General Information**

|  |  |
| --- | --- |
| Are you over twenty-one 21 years of age? | [ ]  YES [ ]  NO |
| Have you lived in Ohio continuously for the last five (5) years? **(Proof will be required upon hire)** | [ ]  YES [ ]  NO |
| Do you have a valid Ohio driver’s license? | [ ]  YES [ ]  NO |
| Do you currently have three (3) or less moving violations on your driving record? (stop sign, traffic light, speeding, at-fault accident) | [ ]  YES [ ]  NO |
| Do you have reliable transporation? | [ ]  YES [ ]  NO |
| Are you able to lift at least fifty (50) pounds safely? | [ ]  YES [ ]  NO |
| Are you able to get down on your knees to perform CPR?  | [ ]  YES [ ]  NO |
| If applicable for the position for which you are applying, are you available to work mornings, evenings, nights, split shifts, and/or weekends?  | [ ]  YES [ ]  NO |
| If no, please explain:      |
| Have you ever been convicted of a criminal misdemeanor or felony? **(Include sealed and expunged)**(*Criminal convictions are not always a bar to employment. However, UCP of Greater Cleveland complies fully with the guidelines in the Ohio Revised Code defining those crimes that bar employment.)* | [ ]  YES [ ]  NO |
| If yes, please provide details:      |
| Have you ever applied for a position or been employed by UCP of Greater Cleveland? | [ ]  YES [ ]  NO |
| If yes, what position and approximate date of application or employment: |
| POSITION      | DATES OF EMPLOYMENT/APPLICATIONFROM:       TO:       |
| POSITION      | DATES OF EMPLOYMENT/APPLICATIONFROM:       TO:       |

1. **Certification and agreement**

**Submitting this application online or by mail:** If invited for an interview, the applicant will be requested to sign a statement certifying the accuracy of the information provided on this application as well as a statement outlining UCP of Greater Cleveland’s application and employment policies. The applicant will also be asked to authorize the release of necessary information from past employment, criminal history and information from other consumer reporting agencies. Applications will remain active for three (3) months from the date of submission.

**Email:** humanresources@ucpcleveland.org

**Mail:** UCP of Greater Cleveland

 10011 Euclid Avenue

 Cleveland, OH 44106

 Attn: Human Resources

***United Cerebral Palsy is an equal opportunity employer dedicated to a drug free workplace!***