

# Application For Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

## Personal Information

Date \_\_\_\_\_

Name \_\_\_\_\_  
Social Security Number - -  

Last
First
Middle

Present Address \_\_\_\_\_  

Street
City
State
Zip

Permanent Address \_\_\_\_\_  

Street
City
State
Zip

Phone # \_\_\_\_\_ Are You 18 Years or Older? Yes  No

- Are you prevented from lawfully becoming employed in this country because of VISA or immigration status? Yes  No

## Employment Desired

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Ever Applied to this Position Before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred By \_\_\_\_\_

Education	Name and Location of School	*# of Years Attended	*Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				

## General

Subjects of Special Study or Research Work \_\_\_\_\_

Special Skills \_\_\_\_\_

Activities: (Civic, Athletic, ETC.) \_\_\_\_\_

Exclude Organizations. The name of Which Indicates the Race, Creed, Sex, Age, Marital Status, Color or Nation of Origin of its Members. \_\_\_\_\_

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ Present Membership in National Guard or Reserves \_\_\_\_\_

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**Previous Employers, Starting with Last One First**

Date, Month, and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

**References:** Give the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years acquainted
1			
2			
3			

The following statement applies in: Maryland & Massachusetts. (Fill in name of state)

It is unlawful in the state of \_\_\_\_\_ to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

\_\_\_\_\_  
Applicant Signature

In case of  
Emergency Notify

Name

Address

Phone #

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date \_\_\_\_\_ Signature \_\_\_\_\_

Do Not Write Below This Line

Interviewed By \_\_\_\_\_

Date \_\_\_\_\_

Remarks \_\_\_\_\_

Neatness \_\_\_\_\_

Ability \_\_\_\_\_

Hired:  Yes  No Position \_\_\_\_\_

Department \_\_\_\_\_

Salary/Wage \_\_\_\_\_

Date Reporting to Work \_\_\_\_\_

Approved: 1. \_\_\_\_\_  
Employment Manager

2. \_\_\_\_\_  
Department Head

3. \_\_\_\_\_  
General Manager

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application of Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

Please complete both sections.

1100 Jimmy Ann Dr.  
Daytona Beach, FL 32117  
(386) 274-6474  
Email: info@ucpecf.org  
Website: www.ucpecf.org

## EMPLOYEE RELEASE OF INFORMATION

I, \_\_\_\_\_, IN ACCORDANCE WITH SENATE BILL 489, HEREBY GIVE THE COUNTY SHERIFF DEPARTMENT PERMISSION TO SEARCH ITS FILES AND RELEASE TO MY EMPLOYER:

UCPECF  
1100 JIMMY ANN DR.  
DAYTONA BEACH, FL 32117

INFORMATION FOUND. I REALIZE THIS SEARCH IS A ROUTINE MATTER FOR ALL EMPLOYEES.

SIGNATURE		DATE	
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FULL NAME	
RACE/SEX	
DATE OF BIRTH	
CURRENT ADDRESS	
SOCIAL SECURITY #	

## **HIRING RELATED EXPENSES**

**Upon hire, the new employee must pay for their initial background screening at a cost of \$27.25 (if non-residential staff), or \$54.25 (if residential staff). They also must pay for their initial drug screening/TB testing at a cost of \$46.00. These amounts will be refunded to the employee once the results come back and they conclude the employee is eligible to remain employed.**

**The total due upon hire for Residential staff is \$100.25.**

**The total due upon hire for all other staff is \$73.25.**

**Check or money order may be made payable to: UCPECF.**

\_\_\_\_\_  
**Signature acknowledging hiring related expenses**

\_\_\_\_\_  
**Date**

# REFERENCE CHECKS

Employee Name		Date of hire	
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Please list the name and address of 2 Personal References

Name	
Address	
City, State, Zip	
Home Phone/ Mobile	

Name	
Address	
City, State, Zip	
Home Phone/ Mobile	

Please list the name and address of one past employment reference.

Name	
Address	
City, State, Zip	
Work Phone	

# UCP of East Central Florida

## Permission to Verify Motor Vehicle Driver's License Record

In order to ensure the safety of the individuals we serve when riding in either a company or a privately owned vehicle with a staff person, the agency insurance company must verify the driving record of those staff who drive agency vehicles or, even if only occasionally, drive participants in their private vehicles.

Because the insurance carrier uses a Consumer Reporting Agency to obtain this information, we are required by the Fair Credit Reporting Act and the Drive Protection Act to acquire your written consent. The only information we will receive is whether or not you pass their criteria for insurability. We will not see your driving record.

I hereby authorize UCP of East Central Florida to check my driving record.

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Signature

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Date

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Driver's License Number, State, and Expiration date



United Cerebral Palsy of East Central Florida (UCPECF) receives numerous applications for employment each month. We appreciate the interest but find that many applicants are not familiar with many basic facts about people with disabilities or how UCP serves them.

With that in mind, we encourage those who want to join our team to sign up for one of our informational and inspirational tours of our facility held each month. We generally conduct a morning tour that starts at 8:15 am, and another tour later in the month that starts at 12:15 p.m. Both tours are similar in content and last one hour each. Specific tour dates are available from our receptionist.

Taking a tour will give you the information you need to decide whether or not UCP can provide the career environment you desire, and will also help you better prepare for a potential interview.

**Please remember that signing-up for a tour is not mandatory nor does it guarantee an interview or consideration for employment.**

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Name

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Telephone number

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Date of the tour you would like to attend