

UCP of MetroBoston, Inc.
71 Arsenal Street
Watertown, MA 02472

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
(Please Print)

Date of Application: _____

Name: _____
 Last First MI

Home Address: _____
 Street Name Apt

 City/Town State Zip

Home Telephone: _____ Mobile Phone: _____

Email: _____

How were you referred to us? _____Newspaper Ad _____School _____Agency _____UCP Employee _____Walk-in

Name of UCP Employee: _____

Type of work desired: _____

What is your minimum hourly salary requirement? _____ Date available for work? _____

Have you ever applied to UCP before? ____ Yes ____ No Where? _____ When? _____

Days available for work: ____Mon ____Tues ____Wed ____Thurs ____Fri ____Sat ____Sun

Hours available for work: ____Daytime ____Evening ____Overnight ____Morning (6-9 am)

Work schedule desired: ____Full-time ____Part-time ____Casual/Per Diem

MILITARY EXPERIENCE

Were you a member of the U.S. Armed Forces: ____Yes ____No

If yes, what branch? _____ Dates of Duty: _____ to _____

Note: This company does not discriminate on the basis of National Guard or Reserve Unit Duty Obligations.

Are you legally authorized to work in the United States? ____Yes ____No

Note: If you are hired, you will be required to submit proof of legal right to work in the United States.

UCP of MetroBoston, Inc.

Application for Employment

EMPLOYMENT HISTORY

List present/most recent employer first.

Employer	Address	Dates of Employment	Reason for Leaving	Position Held

EDUCATIONAL DATA

(Please include College, High School, Trade School, etc.)

School	Address	Phone Number	Dates of Attendance

PROFESSIONAL CERTIFICATES

CPR: ____Yes ____No Expiration Date:_____ First Aid: ____Yes ____No Expiration Date:_____

Medication Administration: ____Yes ____No Expiration Date:_____

Other:_____

ADDITIONAL INFORMATION

Please include any information you think would be helpful to us in considering you for employment, i.e. volunteer experiences, activities, accomplishments, etc.:_____

UCP of MetroBoston, Inc.

Application for Employment

Do you have any commitments to another employer which might affect your employment with us? ____Yes ____No

If yes, please explain:_____

Please list 3 professional references:

1.	_____	_____	_____
	Name/Agency	Address & Telephone	Dates of Employment
2.	_____	_____	_____
	Name/Agency	Address & Telephone	Dates of Employment
3.	_____	_____	_____
	Name/Agency	Address & Telephone	Dates of Employment

AGREEMENT

I certify that all information on this application and any other material provided by me is true and complete. I agree that falsified information or omissions may disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize UCP or its agent to check with all person(s), schools, current employers (if applicable), previous employers and organizations named in this application (and accompanying resume, if any) to provide UCP with any relevant information that may be required to arrive at an employment decision.

I understand if hired, I will be required to submit proof of citizenship or legal right to work in the United States.

United Cerebral Palsy Association of MetroBoston, Inc. does not discriminate in hiring or terms or conditions of employment on the basis of age, sex, race, color, creed, ancestry, religion, disability, national origin, citizenship status, marital status, military status, sexual orientation, gender identity, genetics, medical condition or any non-job or non-business related factors or any other basis upon which discrimination is prohibited by the municipal, state or other federal law.

I understand that if I am hired my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that UCP will similarly enjoy the right to terminate my employment at any time, with or without cause. I further acknowledge that I am expected to abide by all company rules, regulations, and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and the Company or otherwise restrict the right of either party to terminate the employment relationship.

Note: It is unlawful in Massachusetts 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.

Signature

Date

UCP of MetroBoston, Inc.

Application for Employment

WRITING SAMPLE

Please read the information below and creatively summarize the information as it would be communicated in a log book or end of shift note.

While on shift you assisted these consumers with the following:

Ann: personal hygiene routine, recreational activity

Barbara: recreational activity, laundry

In addition you assisted with the following:

Took a call from Ann's family

Complete assigned shift responsibilities

Noticed that the supply of gloves is low.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.