



North Carolina & Virginia

Easter Seals UCP
State Headquarters
5171 Glenwood Ave., Suite 400
Raleigh, NC 27612
919-783-8898
800-662-7119
919-865-8685 (fax)

Application for Employment

We consider applicants for all positions without regard to race, color, national origin, age, gender, religion, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

(PLEASE PRINT OR TYPE)

PERSONAL INFORMATION:

Form with fields: Last Name, First Name, Middle Name, Present Address (Street, Apt. #, City, State, Zip Code), Permanent Address (if different from above), Telephone Numbers (Day, Evening), Email Address, Date of Application.

Have you ever used another last name in which your education or employment records are filed? [ ] Yes [ ] No
If yes, give name \_\_\_\_\_

EMPLOYMENT DESIRED:

Form with fields: Position(s) Desired, List Any Geographical Preference, Date Available to Start, Salary Desired, Drivers License #, Can You Show Proof of Automobile Insurance? [ ] yes [ ] no

Table with 5 columns: What days and times would you be available to work?, Morning, Afternoon, Evening, Overnight. Rows: Weekdays, Weekends.

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Form with fields: Position Requisition No., Position Applied For, Hiring Supervisor, Forwarded To, Date, Action, and checkboxes for Reference, CRC, MVR.

	High School	Undergraduate College/University	Graduate or Professional School	Vocational
Name and Location of School				
Years Completed	9 10 11 12	1 2 3 4 5	1 2 3 4	1 2 3 4
Diploma/Degree				
Date Degree Received (MM/DD/YYYY)				
Describe Course of study				
Describe any honors received				

**EDUCATION:**

Please describe any specialized training, apprenticeships, licenses, certifications and skills. Include date(s) and source(s) of issuance:

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Please list professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.

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Are you eligible for employment in the United States?  Yes  No

Can you travel if the job requires it?  Yes  No

Have you ever filed an application with Easter Seals UCP or any of its merged companies before?  Yes  No  
 If yes, give date: \_\_\_\_\_

Have you ever been employed with Easter Seals UCP or any of its merged companies before?  Yes  No  
 If yes, give date: \_\_\_\_\_

Are you currently employed?  Yes  No  
 If yes, may we contact your present employer:  Yes  No

Have you, since the age of 18, been convicted of a misdemeanor or felony, other than minor traffic violations?  Yes  No

If yes, explain: \_\_\_\_\_

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*Note: Conviction will not necessarily disqualify an applicant from employment*

## EMPLOYMENT EXPERIENCE

*Start with your present or last job. Include any job-related military service assignments and volunteer activities.  
This section must be completed even if you are attaching a resume.*

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason For Leaving		Starting	Ending	

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason For Leaving		Starting	Ending	

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason For Leaving		Starting	Ending	

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason For Leaving		Starting	Ending	

**If you need additional space, please continue on a separate sheet of paper**

How did you learn about our organization? (Check all that apply.)

- Advertisement
- Walk-in
- Flyer
- Employment Agency
- Employee Referral
- Friend
- Relative
- Other
- Website

Please add any additional statements you would like us to know in consideration of your application for employment.

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**REFERENCES** (List 3 professional references other than relatives who we may contact to verify professional skills)

Name	Occupation	Place of Business	Phone
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Name	Occupation	Place of Business	Phone
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Name	Occupation	Place of Business	Phone
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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand, I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Applicants will be required to provide names, telephone numbers and addresses of professional references. Your signature on this application releases the references from any damage which might result from furnishing personal employment information.

Easter Seals UCP's Drug Free Workplace Policy requires all employees to report to work in a substance-free condition. In compliance with this policy, I hereby acknowledge that if I am hired, I may be required to undergo a drug screening by urinalysis. Further, I acknowledge that refusal to do so, or a drug-positive result may be grounds for termination. I also agree to submit to a urinalysis and blood (for alcohol) test if needed in a post rehabilitation recovery periodic test and the required post-accident testing.

All applicants of Easter Seals UCP are required to undergo a criminal history check to be considered for employment with the company. I acknowledge that Easter Seals UCP may be required to provide the results of this check to 3<sup>rd</sup> party business partners or agencies, and by signing this application I hereby authorize Easter Seals UCP to make such disclosure.

I understand that Easter Seals UCP participates in E-Verify to verify identity and employment eligibility of all persons hired to work. If hired, I understand information from my Form I-9 will be entered into the E-Verify system to confirm work authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date