



<b>Applicant:</b>		<b>Position for which you are applying:</b>		Date:
<b>Legal Name:</b>		Last:	First:	M.I.
<b>Address:</b>		Street/PO:	City/State:	Zip:
<b>Phone:</b>		Home:	Cell:	Work:
<b>E-mail:</b>				May we contact you here? <input type="radio"/> Yes, <input type="radio"/> No
<b>Other name(s) you may have worked under:</b>			<b>How did you hear about this position?</b> <input type="radio"/> Newspaper, <input type="radio"/> MIWorks, <input type="radio"/> UPCAP Web Site, <input type="radio"/> College Board	
<b>Education:</b>		<b>High School:</b>	City/State:	<input type="radio"/> Diploma, <input type="radio"/> G.E.D.
<b>College:</b>	Dates Attended:	Major/Minor:	Degree(s) Rec'd:	
City/State:				
<b>College:</b>	Dates Attended:	Major/Minor:	Degree(s) Rec'd:	
City/State:				
<b>Employment:</b>		<b>Begin with current/most recent job</b> - include military service, internships, & volunteer work. Use back of sheet or additional paper if necessary.		<b>May we contact your present employer?</b> <input type="radio"/> Yes, <input type="radio"/> No
From: To:	Company:	Title:	Duties:	
Total Yrs./Mos.	Address:	Supervisor:	Hrs/Week:	
End/Now \$ <input type="radio"/> Hourly, <input type="radio"/> Annual	C/S/Z:	Ph#:	Reason for Leaving:	
From: To:	Company:	Title:	Duties:	
Total Yrs./Mos.	Address:	Supervisor:	Hrs/Week:	
End \$ <input type="radio"/> Hourly, <input type="radio"/> Annual	C/S/Z:	Ph#:	Reason for Leaving:	
From: To:	Company:	Title:	Duties:	
Total Yrs./Mos.	Address:	Supervisor:	Hrs/Week:	
End \$ <input type="radio"/> Hourly, <input type="radio"/> Annual	C/S/Z:	Ph#:	Reason for Leaving:	
From: To:	Company:	Title:	Duties:	
Total Yrs./Mos.	Address:	Supervisor:	Hrs/Wk:	
End \$ <input type="radio"/> Hourly, <input type="radio"/> Annual	C/S/Z:	Ph#:	Reason for Leaving:	

**Employment Record (cont.)** **UPCAP - Employment Application Form**

From:	To:	Company:	Title:	Duties:
Total Yrs./Mos.		Address:	Supervisor:	Hrs/Week:
End \$ <input type="radio"/> Hourly, <input type="radio"/> Annual		C/S/Z:	Ph#:	Reason for Leaving:
From:	To:	Company:	Title:	Duties:
Total Yrs./Mos.		Address:	Supervisor:	Hrs/Week:
End \$ <input type="radio"/> Hourly, <input type="radio"/> Annual		C/S/Z:	Ph#:	Reason for Leaving:

*Use back of page or additional paper if needed.*

**Special Skills / Trainings:** **Licensure / Certifications:**

Other Skills / Experience:

**Professional References:**

Name:	Occupation:	Daytime Contact #:
Address:	C/S/Z:	Home Ph#:
Name:	Occupation:	Daytime Contact #:
Address:	C/S/Z:	Home Ph#:
Name:	Occupation:	Daytime Contact #:
Address:	C/S/Z:	Home Ph#:

**Have you ever been fired or forced to resign?**  No,  Yes, Explain:

**Have you ever been convicted of a crime?**  No,  Yes, Explain:

*Convictions are not an automatic disqualification to employment.*

I authorize investigation of all statements contained in this application and hereby authorize previous employers, references named, scholastic institutions, and persons to whom UPCAP may contact, to give legally reasonable information regarding my employment or scholastic standing, together with any other information, personal or otherwise, that may or may not be on their records. I further authorize the Department of State Police, Central Records Division, to conduct a criminal history file check to determine the existence of any arrest resulting in conviction and forward the information to UPCAP. I understand that employment is conditional upon satisfactory fingerprint and records checks, and that misrepresentation or omission of the facts called for hereon, or receipt of unsatisfactory references will be cause for dismissal from UPCAP, if I am employed. In consideration of my employment, I agree to conform to the rules and regulations of UPCAP and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either UPCAP or myself. \_\_\_\_\_ **←Initials**

**Applicant Signature:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

*It is the policy of UPCAP that no person be denied appropriate employment, services, or association with UPCAP on the basis of race, color, national origin, religion, gender, age, creed, disability, height, weight, veteran or marital status, political affiliation, or any legally protected classification.*