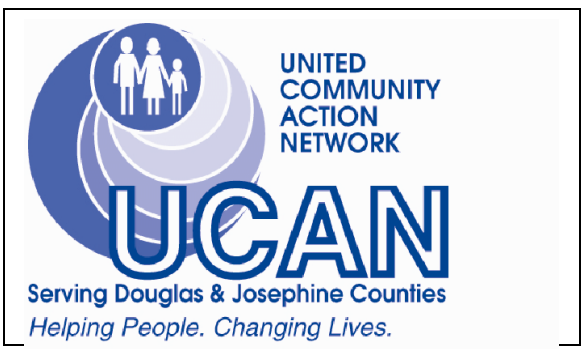


Name _____ (Last) _____ (First) _____ (Initial) _____
 Address _____
 Telephone No. _____ Message No. _____
 Position applied for _____ (This application will be considered for this current opening only.)
 Mailing Address (if different) _____
 Work No. _____ Date _____



APPLICATION FOR EMPLOYMENT

280 Kenneth Ford Drive
 Roseburg OR 97470
 541-492-3913
www.ucanap.org

An Equal Opportunity Employer

UCAN does not discriminate in employment with regard to race, creed, color, sex, age, national origin, disability, marital or veteran status, or sexual orientation. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment. Reasonable accommodation will be provided for job-related disability.

All things being equal or comparable between job applicants, current or past program clients or head start parents will be given preference for UCAN vacancies.

DIRECTIONS: Print or type only. Answer every question. If a question is not applicable to you, write NA (not applicable). If additional space is needed, attach a supplemental sheet.

In order to be considered, your application must be completely filled out; resumes may be attached as supplemental information only.

PERSONAL INFORMATION

Email address: _____	What is best place to contact you? <input type="checkbox"/> Home <input type="checkbox"/> Work	Best time: _____
Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status will be required) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you applied for a position with UCAN before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When/what position? _____		
List computer software with which you have experience and/or training. _____ _____		
Have you been convicted of a Felony or Theft in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain _____		

EDUCATION

(List all education to meet the requirements as specified in the recruiting announcement)

School	Name & Location	Course of Study	No. of Years Completed	Degrees or Diploma
Graduate				
College				
Business/Trade/Technical				
High School				

Employment History and Experience

Start with your present position or, if unemployed, your most recent job. List your last five (5) employers. Include any job-related military service assignments and volunteer activities.

Employer	Address	Phone
Job Title	Supervisor's Name & Title	Dates of Service From
Work Performed		To
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week
		Starting Salary
		Ending Salary
Reason for Leaving		
Employer	Address	Phone
Job Title	Supervisor's Name & Title	Dates of Service From
Work Performed		To
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week
		Starting Salary
		Ending Salary
Reason for Leaving		
Employer	Address	Phone
Job Title	Supervisor's Name & Title	Dates of Service From
Work Performed		To
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week
		Starting Salary
		Ending Salary
Reason for Leaving		

Employer	Address	Phone
Job Title	Supervisor's Name & Title	Dates of Service From
Work Performed		To
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week
		Starting Salary
		Ending Salary
Reason for Leaving		

Employer	Address	Phone
Job Title	Supervisor's Name & Title	Dates of Service From
Work Performed		To
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Hours per week
		Starting Salary
		Ending Salary
Reason for Leaving		

Is there any employer we should not contact? Yes No **If yes, list employer and reason(s):**

Relevant Memberships

Professional	
Trade	
Business	
Civic or Community	
Military	
Other	

Special Skills or Qualifications

Summarize any special training, honors, skills, licenses, certificates and/or characteristics of yourself which are pertinent to the position for which you are applying. Include volunteer work and foreign languages you can speak, read or write (and whether fluent or fair).

I certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand further that misrepresentations or omissions of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize UCAN to make any necessary and appropriate investigations to verify my qualifications for the position. I authorize release of information from current and former employers and authorize use of above information by UCAN. I hereby release from liability UCAN and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Employment by UCAN is “at will” and is at the mutual consent of the employee and the employer. Consequently, either the employee or the employer can terminate the employment relationship at any time, with or without advance notice.

I understand it is UCAN’s policy not to refuse employment to any qualified individual with an ADA recognized disability solely because of this person’s need for an accommodation.

If hired, I agree to comply with the rules and regulations of UCAN and understand they can be changed at any time. This includes, but is not limited to, salary and benefits.



Signature of Applicant

Date

Date _____

Position Applied For _____

Please help us in evaluating our recruitment sources by indicating how you learned of this vacancy.

_____ From a UCAN employee

_____ Through a job announcement

(Location where seen) _____

_____ From Newspaper advertisement

(Name of paper) _____

_____ Other

(Please identify) _____

The following information is for statistical data gathering purposes only.

Under affirmative action state and federal guidelines and certain veteran acts, UCAN is required to identify job applicants by ethnicity, race, gender and veteran status. Providing this information is entirely voluntary and will not adversely affect your opportunity for employment. All information is confidential and will not be seen by supervisors or other program employees.

GENDER: _____ Male _____ Female

ETHNICITY: _____ Hispanic _____ Not Hispanic

RACE: _____ White (Only) _____ Black or African American (Only)
_____ Asian (Only) _____ American Indian or Alaska Native (Only)

_____ Native Hawaiian or other Pacific Islander (Only)

_____ Two or more races (non-Hispanic)

VETERAN STATUS: _____ Special Disabled Veteran _____ Vietnam Era Veteran

_____ Newly Separated Veteran _____ Other Protected Veteran

Are you aware of any past/present medical problems or mental or physical disability that might interfere with your performance of job-related functions as outlined in the job announcement? _____ Yes _____ No

If yes, explain fully (including job accommodation needed) _____

PLEASE RETURN THIS QUESTIONNAIRE WITH THE APPLICATION FORM

7-05, 6-09