

# APPLICANT PACKET

Contents:

Employment Application  
Drug-Free Workplace Policy  
Motor Vehicle Authorization & Release

**\*All Applicants\***

TO: All Applicants

FROM: Dharamesh Patel, Director of Human Resources

Thank you for your interest in our Agency. Our mission is to provide services to residents of the Tri-Counties with mental and/or physical disabilities so that they may work and live independently as contributing citizens within the community of their choice. We are very proud of the work we do and the positive impact it has in the lives of the individuals we serve. To that end, we strive to employ individuals who are the best match for each position. We are an Equal Opportunity Employer, which engages employees without regard to sex, age, religion, citizenship, disability, sexual orientation, race, nationality, or ethnic background, or any other basis prohibited by applicable law.

As a part of the *post-employment process*, you will be required to have a physical examination to confirm that your health and physical abilities are consistent with the essential functions of the position for which you are employed. The Agency also reserves the right to require pre-employment drug testing and drug testing for cause for new and current employees. Failure to satisfy the standards established for drug testing will result in immediate actions, including the termination of your employment. Further, in compliance with state regulations, you are required to grant us your permission to conduct a background search of your personal history.

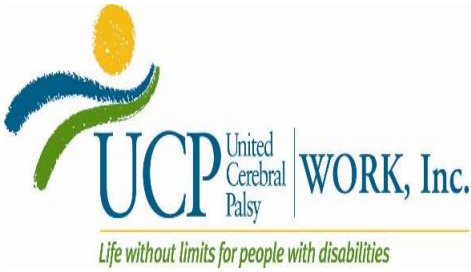
If you are applying for a driver position or a position where driving may be required duty, you may be called upon from time to time to assist us in servicing third-party contracts. The agencies with whom we contract may require employees assigned to such contracts to undergo pre-assignment drug testing and/or other background checks. Accordingly, if you are applying for such a driver position, any employment with us will be conditioned upon you consenting to such testing and background checking. If applicable, consent forms for this testing and background checking are enclosed.

According to State Administrative Regulations, the Agency may not employ any person who has a criminal history, which would indicate behavior potentially harmful to the individuals who are supported by this organization. Furthermore, in compliance with State Regulations, the Agency may not hire an applicant convicted of a sexual offense, common law assault and battery, or interference with the rights of individuals with developmental disabilities.

The Agency places a high priority on in-service training that you will receive during your employment. All new employees are expected to complete training, which is required for their position within during the introductory period of employment.

Any offer of employment that is made to you is expressly conditional upon receipt of satisfactory background information and verification of the information that you submit with your Employment Application. If it is ascertained that your background information is unsatisfactory or if you have misstated or omitted material information on your Employment Application, your conditional offer of employment shall be revoked and you will be ineligible for further employment with this Agency.

As you fill out the Application for Employment, please write legibly and complete all sections. Thank you again for your interest in this organization.



Tel: (805) 566-9000  
Carpinteria  
 Fax: (805) 566-9070  
 Tel: (805) 739-0451  
Santa Maria  
 Fax: (805) 739-1724  
[www.ucpworkinc.org](http://www.ucpworkinc.org)

# APPLICATION FOR EMPLOYMENT

Application will be kept on file one year

## INSTRUCTIONS

Completion of this form is a required part of the application process for all jobs. All requested information must be written on the application form itself. Resumes or attachments may be included, but cannot be substituted for an application form. It is important to answer all questions on the application form fully and accurately. Failure to do so may disqualify an individual from being considered for a position, or if hired, may result in termination of employment. PLEASE PRINT ALL INFORMATION

*We consider applicants for all positions without regard to race, color, religion, gender identity, pregnancy, sex, national origin, ancestry, citizenship, age, sexual orientation, marital or veteran status, physical disability, medical disability, medical condition or any other legally protected status. Please notify us if any accommodations are required to assist you in the application process.*

## PERSONAL INFORMATION

Positions(s) Applied For:		<input type="checkbox"/> Full Time	<input type="checkbox"/> Temporary or on call	Date of Application
		<input type="checkbox"/> Part Time	<input type="checkbox"/> Other _____	
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement (Specify: _____)		<input type="checkbox"/> Friend _____		<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employee ( Name: _____)		<input type="checkbox"/> Relative _____		<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name	Date available to start	
Address Number	Street	City	State	Zip Code
Home Phone	Work phone	Mobile phone	Email address:	

In case of emergency, notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_ email \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Are you available to work overtime, if needed?  Yes  No If hired, what date can you start work? \_\_\_\_\_

Have you ever applied or worked for UCP WORK, Inc. before? If yes, when and what position \_\_\_\_\_  Yes  No

Do you have any friends or relatives working for UCP WORK, Inc.?  Yes  No  
 If yes, name(s) and relationship(s) \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you at least 21 years old?  Yes  No

Do you have any commitments to another employer that may affect your employment with us?

Yes  No

If yes, please provide further information \_\_\_\_\_  
\_\_\_\_\_

If hired, can you present evidence of your U.S citizenship or proof of your legal right to live and work in this country?

Yes  No

Are you able to perform the essential functions of the job, either with/without reasonable accommodation?

Yes  No

(Note: All new hires are required to pass a physical examination and a drug test.)

### EDUCATION, TRAINING AND EXPERIENCE

SCHOOL	NAME AND ADDRESS	YEARS COMPLETED	MAJOR	DIPLOMA DEGREE CERTIFICATE
High School/ Equivalent				
Vocational/ Business				
Social Services ( <i>Special Courses</i> )				
College/ University				
Graduate School				

# Availability/Change of Availability Request Form

Show the times and days you are available for work. Whenever your schedule changes, request this form, complete it and return it to your manager or supervisor. Any changes made to your availability must be presented and approved by a manager or supervisor.

Applicant Name: \_\_\_\_\_

I am available to work the following days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
FROM							
To							

Signature of Applicant: \_\_\_\_\_

Manager/Supervisor

Approval: \_\_\_\_\_

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ/OR WRITE		
FLUENT	GOOD	FAIR

Do you possess a professional or trade license/certificate?

Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type

Issued by

Expiration Date

Extracurricular Activities (you may omit those which indicate your race, color, religion, gender identity, pregnancy, sex, national origin, ancestry, citizenship, age, sexual orientation, marital or veteran status, physical disability, medical disability, medical condition or any other legally protected status).

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name:

Occupation:

Email Address:

Name:

Occupation:

Email Address:

Name:

Occupation:

Email Address:

Address:

Phone Number:

(\_\_\_\_) \_\_\_\_\_

Number of Years Acquainted:

Address:

Phone Number:

(\_\_\_\_) \_\_\_\_\_

Number of Years Acquainted:

Address:

Phone Number:

(\_\_\_\_) \_\_\_\_\_

Number of Years Acquainted:

## EMPLOYMENT EXPERIENCE

Please complete the section below as thoroughly as possible. List all present and past employment (full or part-time), including periods of unemployment or volunteer work. Start with your most recent employer, and go back at least 10 years. Please complete this section even if you have or will be submitting a resume'.

Employer		Dates Employed		Worked Performed
		From	To	
Address				
Position/Job Title	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				

Employer		Dates Employed		Worked Performed
		From	To	
Address				
Position/Job Title	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				

Employer		Dates Employed		Worked Performed
		From	To	
Address				
Position/Job Title	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				

Employer		Dates Employed		Worked Performed
		From	To	
Address				
Position/Job Title	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				

Employer		Dates Employed		Worked Performed
		From	To	
Address				
Position/Job Title	Supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving				

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

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience. \_\_\_\_\_

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**Please use the space provided to tell us why you think you are qualified for this position at UCP WORK, Inc.**

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# **READ COMPLETELY AND THEN SIGN AT THE BOTTOM**

## **DRUG/ALCOHOL-FREE WORKPLACE POLICY AND PROGRAM**

UCP WORK, Inc. has a strong commitment to promote high standards of employee health and safety for all its employees by providing a safe and healthy workplace. We expect each employee to maintain a high level of productivity and efficiency and to function as an important member of our team. Substance abuse (both drug and alcohol) is a serious problem, which threatens the health and safety of everyone. Drug and alcohol use impairs employees' performance and is detrimental to the well being of drug and/or alcohol users. Using as a guideline the federal Drug-Free Workplace Act, UCP WORK, Inc. has developed a Drug-Free Workplace Policy and Program because of our strong commitment to the health and safety of our employees.

### **PROCEDURE**

This program has been developed to spell out the policy and procedures to be used in addressing problems dealing with (1) Alcohol use or abuse, (2) the use, sale, or possession of illegal drugs and (3) the misuse of legal drugs.

1. The sale, possession, distribution, manufacture, use, dispensation, or purchase of illegal drugs on agency premises, in agency vehicles, or while conducting agency business is strictly prohibited.
2. Reporting to work or working under the influence of alcohol, illegal drugs, or prescribed drugs, which induce an unsafe mental or physical state, is prohibited.
3. All employees will receive a copy of this Policy, and as a condition of employment are required to sign an acknowledgment form stating they have received a copy of the Drug-Free Workplace Policy.
4. UCP WORK, Inc. recognizes that a successful approach to problems associated with alcohol and/or drug use requires education, counseling, assistance, deterrents, and discipline. Compassion, consistency, and fairness are important parts of this policy. Confidentiality, consistent with legal, safety, and security considerations, is also fundamental to our Policy.

### **Applicability & Compliance**

The UCP WORK, Inc. Drug-Free Workplace Policy applies to all categories of employees as identified by the agency's personnel policy handbook. The policy applies to all employees from entry level through top management. All employees and successful applicants are advised that full compliance with our Drug-Free Workplace Policy is a condition of continuing and future employment.

### **Mandatory Urine Drug Tests**

To ensure the health and safety of all employees of UCP WORK, Inc., the following urine drug testing may be conducted for:

*Pre-employment:* Each final candidate for employment to whom an offer of employment has been extended may be required to successfully complete a urine drug test as part of the pre-employment physical. Employment at UCP WORK, Inc. may be contingent upon successful completion of the test.

*Reasonable Suspicion:* Employees may be tested for probable cause if there are reasonable grounds for suspecting an employee is working under the influence of illegal drugs or alcohol or violating any provision of this Policy. In all cases of probable cause, the supervisor will immediately notify the Director of Human Resources or designee who, in consultation with the supervisor, will make the final determination as to testing.

### **Confidentiality**

The results of all drug and/or alcohol tests will be treated as strictly confidential, and distribution of the information is limited to those management employees having a "Need to Know." In no event will the results of a drug test conducted pursuant to this Policy be revealed to any persons other than appropriate management personnel of UCP WORK, Inc., and medical facilities and testing laboratories conducting the drug tests.

### **Compliance**

Refusing to submit to testing pursuant to this Policy shall constitute willful insubordination. Any employee refusing to take any drug test as required by UCP WORK, Inc. will be subject to immediate disciplinary action up to and including discharge. Offers of employment will be withdrawn from any candidate who refuses to submit to pre-employment testing

An employee who is taking medication prescribed by a physician must notify the supervisor if the medication is expected to affect work performance. The employee may be required to provide written documentation from the treating physician as well as an indication of the impairment that such medication may cause.

Any employee convicted of, or entering a plea of not guilty to, a violation of a criminal drug statute which violation occurred in the workplace, must notify the Director of Human Resources or designee within 5 days of the conviction or entry of no contest plea. Within 10 days of such notification, UCP WORK, Inc. will provide such information to appropriate federal authorities.

Confirmation of Substance

Any employee whose test results in a positive finding may, at the employee's own expense, request independent testing of the same sample for verification of the test results by a qualified laboratory of the employee's choice.

Any employee or candidate for employment who is directly contacted by the Medical Review Officer as part of the determination process for a possible positive result on a drug test, may be contacted by the representative from the Department of Human Resources or designee and suspended from work without pay until a drug test result is determined by the Medical Review Officer. In the event the suspended employee or candidate for employment drug test is negative, notification of the test result and reinstatement to work will occur. In the event a candidate for employment has commenced work and tests positive for drug use, the candidate will be terminated.

In the event an employee tests positive for drug use on a first time basis, the employee may, in the discretion of UCP WORK, Inc., be given an opportunity for rehabilitation rather than termination. If so, the employee may not be permitted to return to work until satisfactory completion of the rehabilitation program and until the employee provides a negative drug screen. Upon return to work, the employee will be placed on a six month probation during which he/she may be subject to testing every two (2) weeks. If the employee tests positive during the probationary period, the employee will be terminated.

Participation in a program of rehabilitation or treatment does not insulate or protect the employee from disciplinary action up to and including termination of employment if the employee exhibits unacceptable work performance, attendance or behavior, or fails to participate in and satisfactorily complete the rehabilitative program prescribed. Any second event where any employee tests positive for drug abuse will result in termination of the employee.

Disciplinary Action for Policy Violation

Any employee who violates the Drug-Free Workplace Policy will be subject to disciplinary action up to and including termination.

No Contractual Obligation

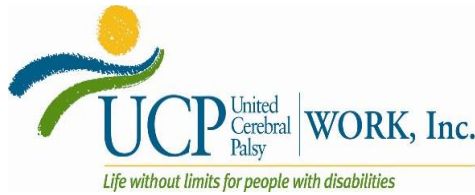
This policy is a guideline only and does not affect the at-will employment relationship between UCP WORK, Inc. and its employees, as described in the Agency's personnel policies, nor otherwise constitutes a contract. UCP WORK, Inc. is not obligated to pay for any program of rehabilitation or to return any employee completing such a program to a former position or to any position at UCP WORK, Inc.

***I acknowledge that I have received and read this information.***

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Print Name*



## Motor Vehicle Report Authorization and Release

I hereby authorize UCP WORK, Inc. (the Company) and SullivanCurtisMonroe Insurance Services, LLC to obtain my motor vehicle report in conjunction with my application for employment and/or as a condition of my continued employment. I understand that my motor vehicle record will be reviewed to determine my insurability under the Company’s insurance coverage. I hereby grant SullivanCurtisMonroe Insurance Services, LLC permission to provide a copy of my motor vehicle report to the Company and insurance carriers that do or may provide coverage for the Company.

I understand that my Motor Vehicle Report may be reviewed periodically in conjunction with the Company’s automobile insurance coverage placement. This authorization remains in effect as long as I am employed by the Company, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter to the Company and to SullivanCurtis Monroe Insurance Services.

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your full name (first, middle, last)

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State

Date of Birth \_\_\_\_\_

SSI: \_\_\_\_\_

Needed only for the following states:  
Arkansas, Colorado, Georgia, Hawaii, Idaho  
Maine, Maryland, Massachusetts, Missouri  
Montana, Nebraska, New Mexico, New York,  
Oklahoma, Oregon, Pennsylvania, Texas

Needed for Kentucky Only

You are being given a copy of the *Summary of Your Rights under the Fair Credit Reporting Act* prepared pursuant to 15 U.S.C. section 1681(g)©. You have the right to request a copy of your Motor Vehicle Report. If you would like to receive a copy, please provide your email or mailing address below:

\_\_\_ I am requesting a copy of my Motor Vehicle Report. Please send to:

Email Address: \_\_\_\_\_

OR

Mailing Address: \_\_\_\_\_

SullivanCurtisMonroe | 1920 Main Street, Suite 600, Irvine, CA 92614

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

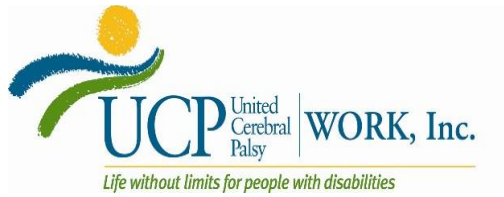
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact: TYPE OF BUSINESS:**

1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.  
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:
2. To the extent not included in item 1 above:
  - a. National banks, federal savings associations and federal branches and federal agencies of foreign banks
  - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
  - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
  - d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act, 1921
6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

- a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552
  - b. Federal Trade Commission:  
Consumer Response Center – FCRA  
Washington, DC 20580 (877) 382-4357
  - a. Office of the Comptroller of the Currency  
Customer Assistance Group 1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050
  - b. Federal Reserve Consumer Help Center  
PO Box 1200  
Minneapolis, MN 55480
  - c. FDIC Consumer Response Center  
1100 Walnut St., Box #11  
Kansas City, MO 64106
  - d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314
  - Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, S.E.  
Washington, DC 20590
  - Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street, S.W.  
Washington, DC 20423
  - Nearest Packers and Stockyards Administration area Supervisor  
Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416
  - Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
  - Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102
- FTC Regional Office for region in which the creditor operates or FTC Consumer Response Center - FCRA Washington, DC 20580



## **Policy on Failed Medical and Fingerprint Appointments**

Employees who do not show up for scheduled appointments, and/or do not reschedule in a timely fashion to the applicable agency, will be held responsible for the expense of a new appointment. There are no exceptions to this policy.

Hepatitis B vaccines are a benefit offered to UCP WORK, Inc. employees, and pre-employment physicals and live scan are requirements of employment.

Thank you for your cooperation.

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Signature

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Date

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Print Name

**APPLICANT WAIVER**

**\*PLEASE READ, INITIAL AND SIGN BELOW\***

Initial

\_\_\_\_\_

I certify that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand and agree that any falsification, omission, misrepresentation, or concealment of information on this application, during interviews, or at any other time during the hiring process may result in my disqualification from further consideration for employment, or, if hired, may result in discipline up to and including termination, regardless of the time elapsed before discovery.

Initial

\_\_\_\_\_

I agree to submit to any lawful medical, drug, or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising the Company: (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others.

Initial

\_\_\_\_\_

I authorize any of the persons or organizations referenced in the Application for Employment that I have completed for UCP WORK, Inc. to give UCP WORK, Inc. any and all information concerning my previous employment, education, or any other information they might have regarding my ability to perform the duties of the position for which I have made application. I release all such persons or organizations from all liability for any damage that may result from furnishing such information to UCP WORK, Inc. I authorize UCP WORK, Inc. to request and receive such information. I request that any persons or organizations contacted by UCP WORK, Inc. provide such information as may be requested.

Initial

\_\_\_\_\_

In consideration of my employment and my being considered for employment by UCP WORK, Inc., I agree to conform to the rules and regulations of the Agency and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the Agency at any time, at the Agency's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of the Agency.

Initial

\_\_\_\_\_

I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Initial

\_\_\_\_\_

I understand that to the extent permitted by applicable law, my employment is terminable at-will and that I am not being employed for any specified time. This application is not and is not intended to be a contract for continued employment. I understand that I have the right to terminate the employment relationship and the company reserves the right to terminate my employment or

change my status for any reason with or without cause at any time (i.e.: my position may change, I may be demoted, or my benefits may be changed) at any time.

Initial

\_\_\_\_\_

I understand that no representative of UCP WORK, Inc. other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel commitment, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

Initial

\_\_\_\_\_

I understand that applicable regulations require police and other official record checks to determine if there is any previous conviction which would render a potential employee unsuitable to work with persons with developmental or other disabilities or in another position at UCP WORK, Inc.. As an applicant for employment with UCP WORK, Inc., I am hereby voluntarily granting my full permission to UCP WORK, Inc. to complete a background check/police records check on me, including fingerprinting. I understand that in the event I refuse to grant my permission for this verification to be completed, I will not be considered for employment. I also acknowledge and agree that any offer of employment, which is made to me, is expressly conditional upon receipt by UCP WORK, Inc. of satisfactory background information and verification of the information, which I have submitted with this Employment Application. If UCP WORK, Inc. ascertains that my background information is unsatisfactory or if I have misstated or omitted material information on this Employment Application, my conditional offer of employment shall be revoked; and I will be ineligible for further employment with UCP WORK, Inc.

This application will remain on file for one year. If you wish to be considered for employment at UCP Work Inc. you will need to reapply if after this period of time.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Printed Name of Applicant Date

\_\_\_\_\_  
Signature of Agency Representative Date