



**EDUCATION**

	School Name	City/State	Did you graduate?	Degree/Diploma Rec'd
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**CREDENTIALS**

	Profession/Skill	Issuing Authority	ID Number	Expiration Date
License				
Registration				
Certification				
Other				

**EMPLOYMENT HISTORY**

List your last 4 employers, use your most recent first. **\*\*PLEASE DO NOT LEAVE ANY GAPS OF 2 MONTHS OR MORE, PROVIDE AN EXPLANATION FOR ANY LAPSE IN EMPLOYMENT HISTORY. \*\***

Date	Company Name & Address	Position	Ending Salary/Reason for Leaving
From ___/___/___ To ___/___/___	Phone:	Supervisor	\$ _____ per
From ___/___/___ To ___/___/___	Phone:	Supervisor	\$ _____ per
From ___/___/___ To ___/___/___	Phone:	Supervisor	\$ _____ per
From ___/___/___ To ___/___/___	Phone:	Supervisor	\$ _____ per

Have you ever been discharged or asked to resign by an employer?  YES  NO  
If YES, explain in detail below:

DON'T forget to explain any gaps in employment history.

**PERSONAL REFERENCES**

Please do NOT list NCP employees OR family members

Name	Occupation	Relationship	Phone Number

**APPLICANT'S AGREEMENT**

I hereby represent that each answer to a question herein and on any attachments to the application and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete or false statements or information furnished by me during the selection process will subject me to disqualification from consideration or discharge at any time. I hereby authorize my former employers to give any information they may have concerning me.

I understand this Application for Employment does not constitute an expressed or implied contract of employment and, if hired, I have the right to terminate my employment for any reason at any time.

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

Please complete the attached DMV release form if the position you are applying for involves driving agency vehicles or transporting consumers in your own vehicle. In these cases, your DMV records **WILL BE** checked before your application can be considered. If you are hired, any offer of employment is subject to satisfactory criminal background & fingerprinting checks.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERD FOR EMPLOYMENT**



**Niagara  
Cerebral  
Palsy**

**EMPLOYER'S DISCLOSURE PURSUANT TO  
THE DRIVER'S PRIVACY PROTECTION ACT**

In compliance with the Driver's Privacy Protection Act (18 U.S.C.A. §§ 2721, *et seq.*), you are notified that in connection with and in order to better evaluate your opportunities for continued or prospective employment, your driving record will be obtained from the Department of Motor Vehicles.

**AUTHORIZATION TO OBTAIN MOTOR VEHICLE REPORT AND INDIVIDUAL DRIVING  
RECORD**

I, \_\_\_\_\_, pursuant to the Driver's Privacy Protection Act (18 U.S.C.A. §§ 2721, *et seq.*), hereby authorize United Cerebral Palsy Association of Niagara County, Inc. (dba Niagara CP) and/or its representatives, to obtain my Motor Vehicle Report Driver License Abstract, containing information on accidents, convictions, suspensions, and revocations, in order to evaluate my opportunities for continued or prospective employment.

If hired, I understand that in addition to maintaining driver approval standards, I will exercise due diligence to drive safely and to maintain the security of the vehicle and its contents. I will also make sure that the vehicle meets Agency or legal standards for insurance, maintenance, and safety. I understand that employees are responsible for driving infractions or fines that result from driving, their own or Agency vehicles, and that I must report them to my supervisor if I am hired.

I understand that this information will remain confidential and will be utilized for employment purposes only.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Expiration Date

**IF THE POSITION YOU ARE APPLYING FOR INVOLVES DRIVING AGENCY VEHICLES, OR TRANSPORTING CLIENTS IN YOUR OWN VEHICLE, YOUR DMV RECORD *WILL BE* CHECKED. IF YOU FAIL TO MEET AGENCY DRIVING STANDARDS, OR IF YOU HAVE NOT DISCLOSED ANY CONVICTION LESS THAN 3 YEARS OLD THAT APPEARS ON YOUR RECORD CHECK, YOU *WILL NOT BE* CONSIDERED FOR EMPLOYMENT.**