

Please return to:  
Inland Empire United Way  
9644 Hermosa Avenue  
Rancho Cucamonga, CA 91730  
Fax: (909) 466-6867  
www.ieuw.org

# Inland Empire United Way Employment Application



Date: \_\_\_\_\_

Position applying for: \_\_\_\_\_

**An Equal Opportunity Employer:** Inland Empire United Way (IEUW) is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

## Applicant Information

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Are you applying for (check all that apply): \_\_\_\_\_ How were you referred to IEUW? \_\_\_\_\_

- Regular full-time work  
 Regular part-time work  
 Temporary Work (such as summer or holiday work) If applying for temporary work, when will you be available? \_\_\_\_\_

What days and hours are you available to work?

If hired, on what date can you start working? \_\_\_\_\_ Desired Starting Wage \_\_\_\_\_

Check all that apply:  I can work weekends.  I can work evenings.  I am available to work overtime.

## Personal Information

Have you ever applied to / worked for IEUW before?  Yes  No

If yes, please include position and date: \_\_\_\_\_

Do you have any friends, relatives, or acquaintances currently working for IEUW?  Yes  No

If yes, state name and relationship: \_\_\_\_\_

If hired:

Would you have transportation to/from work?  Yes  No

Would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the U.S.?  Yes  No

Are you willing to submit to and pass a controlled substance test?  Yes  No

Are you willing to submit to a DMV and background check?  Yes  No

Can you furnish proof of vehicle liability insurance?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_  
\_\_\_\_\_

*Note: IEUW complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.*

*Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense or DMV background check. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.*

## Education, Training and Experience

### High School

High School Name \_\_\_\_\_ Number of years completed \_\_\_\_\_  
Street Address \_\_\_\_\_ Did you graduate?  Yes  No  
City, State, Zip \_\_\_\_\_ Degree/diploma earned \_\_\_\_\_

### College/University

School Name \_\_\_\_\_ Number of years completed \_\_\_\_\_  
Street Address \_\_\_\_\_ Did you graduate?  Yes  No  
City, State, Zip \_\_\_\_\_ Degree/diploma earned \_\_\_\_\_

### Additional College/University

School Name \_\_\_\_\_ Number of years completed \_\_\_\_\_  
Street Address \_\_\_\_\_ Did you graduate?  Yes  No  
City, State, Zip \_\_\_\_\_ Degree/diploma earned \_\_\_\_\_

### Additional College/University

School Name \_\_\_\_\_ Number of years completed \_\_\_\_\_  
Street Address \_\_\_\_\_ Did you graduate?  Yes  No  
City, State, Zip \_\_\_\_\_ Degree/diploma earned \_\_\_\_\_

### Vocational School

School Name \_\_\_\_\_ Number of years completed \_\_\_\_\_  
Street Address \_\_\_\_\_ Did you graduate?  Yes  No  
City, State, Zip \_\_\_\_\_ Degree/diploma earned \_\_\_\_\_

### Military

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Total Years of Service \_\_\_\_\_  
Skill and Duties \_\_\_\_\_  
Related Details \_\_\_\_\_

### Additional Information

Do you speak, write or understand any foreign languages?  Yes  No

If yes, describe which languages(s) and how  
fluent of a speaker you consider yourself to be.

Do you have any certifications?  Yes  No

If yes, please explain:

Do you have any other experience, training, qualifications, or skills which you feel should be  
brought to our attention, in the case that they make you especially suited for working with us?  Yes  No

If yes, please explain:

## Employment History

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

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Business Type \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Position \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ May we contact this employer for references?  Yes  No  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Business Type \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Position \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ May we contact this employer for references?  Yes  No  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Business Type \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Position \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ May we contact this employer for references?  Yes  No  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Business Type \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Position \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ May we contact this employer for references?  Yes  No  
From \_\_\_\_\_ To \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address \_\_\_\_\_ Occupation \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Occupation \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Occupation \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

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## Please Read and Initial Each Paragraph, then Sign Below

Read the "Electronic Signature" disclosure prior to initialing or signing any blank spaces. All sections must have initials where requested and application must be signed in order for it to be complete. Incomplete applications will not be accepted.

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

Your initials here \_\_\_\_\_

I understand that if I am employed, Inland Empire United Way and its subsidiaries are an At-Will Employer and my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

Your initials here \_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Your initials here \_\_\_\_\_

## Applicant's Signature/Electronic Signature

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If applying or completing the application electronically, please type your name on the "Applicant's Signature" line above. An "**Electronic Signature**" means "an electronic sound, symbol, or process, attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record." This definition comes from the [Uniform Electronic Transactions Act](#) or "UETA" released by NCCUSL in 1999. Signing this application electronically by typing in your name on the "Applicant's Signature" line or the act of "clicking" the "Submit" button to transmit your application electronically will be the equivalent to a hand written signature and cause this application for employment to become a legally binding document that could be admissible in a court of law.

Date

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