

APPLICATION FOR EMPLOYMENT

CUB

CINCINNATI UNION BETHEL

ANNA LOUISE INN | CINCINNATI SCHOLAR HOUSE | OFF THE STREETS

Our Mission:

Empowering women to break the cycles of poverty, addiction, and human trafficking.

Our Vision:

Resilient women with the skills and confidence to thrive.

Our Core Beliefs:

We believe in empowerment...

- By meeting people where they are
- By seeing beyond the surface
- By guiding people to identify their strengths and believe in their potential
- By celebrating diversity, fighting for equity, and embracing inclusion
- By assuming the best while holding ourselves and others accountable

...and We are good stewards of scarce resources in the relentless pursuit of our vision.

Cincinnati Union Bethel is an equal opportunity employer. All applicants are considered for positions based on qualifications without regard to race, color, religion, ethnicity, sex, sexual orientation, disability, age, national origin, or veteran's status in any manner prohibited by federal and state law. An applicant's right to privacy shall be respected and the results of inquiries shall be treated in confidence.



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 Email: HR@cubcincy.org
 Website: www.cubcincy.org

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PLEASE PRINT

Position(s) applied for:		Date of Application:	
How did you learn about us? <input type="checkbox"/> Advertisement, Ad Source: <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other, Please explain:			
Last Name:	First Name:	Middle Initial:	
Address:	City:	State:	Zip:
E-mail:	Telephone Number(s) Home:	Cell:	
On what date would you be available for work?			
Are you available for work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			
Are you at least 18 years of age?	If not, can you provide required proof of your eligibility to work?		
Have you ever filed an application with us before?	If YES, when?		
Have you ever been employed with us before?	If YES, when? At which location?		
Do you have a relative employed with us?	If YES, in which department/location?		
Do you have a child or children enrolled in CUB's Child Development Center?			
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <i>Proof of citizenship or immigration will be required upon employment.</i>			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or most current job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

#1. Employer Name (Company):	Dates Employed:	
	From:	To:
Address:	Work Performed:	
Job Title:	Supervisor:	
Reason for Leaving:	Phone Number:	
May we contact this employer? (Yes/No)		

#2. Employer Name (Company):	Dates Employed:	
	From:	To:
Address:	Work Performed:	
Job Title:	Supervisor:	
Reason for Leaving:	Phone Number:	
May we contact this employer? (Yes/No):		

#3. Employer Name (Company):	Dates Employed:	
	From:	To:
Address:	Work Performed:	
Job Title:	Supervisor:	
Reason for Leaving:	Phone Number:	
May we contact this employer? (Yes/No):		

Education

	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location			
Highest Year Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree/ GPA			
Describe Course of Study			

References

Name	Title/Company	E-mail Address	Telephone #

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

As an applicant for employment with Cincinnati Union Bethel, I understand the following:

Employment Application Certification & Acknowledgement Statement please read carefully before signing. I hereby certify that I have a genuine interest in being hired and that all the foregoing statements are true and correct. I agree to assume a continuing responsibility to disclose additional or new information called for by this employment application but known to me only after this application was completed. I understand that my failure to make such disclosure, and that falsification of any of the information given herein, or any employment forms or in any interview, are grounds for immediate termination, regardless of when such failure or falsification may be discovered.

I understand that the Agency requires certain information about me to evaluate my qualifications for employment and conduct business if I become an employee. I authorize the Agency to investigate my past employment, educational credentials and other matters contained in my application. I agree to cooperate in such investigations and release all parties from any liability or responsibility with respect to the information supplied.

I understand that any employment with the Agency would not be for any fixed period and that, if employed, I may resign at any time for any reason and the Agency may terminate my employment at any time for any reason. I further acknowledge my understanding that statements that may be contained in policies, handbooks, and other Agency material do not create any guarantees of employment, or contractual rights and that such policies may be changed at any time, with or without notice. I further acknowledge that no supervisor, manager, executive or any other employee or agent of the Agency has the authority to alter the above, and that the promises of the contrary will only be relied upon by me if they are in writing signed by the President/CEO.

I understand that the Agency strictly prohibits employee involvement with illegal drugs and or alcohol abuse and, if employed, any such involvement on my part may result in discipline up to and including my discharge. I understand that, as part of this application process, I may be required to pass a test for illegal use of drugs or alcohol. Accordingly, if offered employment, and at such other times as the Agency may require, I consent to taking a medical examination or tests including for the use of illegal drugs or alcohol abuse.

I understand this application will be kept on file for a period of one (1) year from the date of the application.

I acknowledge that I have read and understand the above statement.

PRINT FULL NAME (Last, First, Middle)

SIGNATURE

DATE