

**UPWARD BOUND APPLICATION FOR EMPLOYMENT**

DATE \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERMANENT PHONE # (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_

COLLEGE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COLLEGE PHONE # (CELL) \_\_\_\_\_ (HOME) \_\_\_\_\_

UNTIL WHAT DATE WILL YOU BE AT YOUR COLLEGE ADDRESS? \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, do you have a visa? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a disability that will require accommodations? \_\_\_\_\_

Type of Disability \_\_\_\_\_

EDUCATION (include all schools/colleges attended)	Grade/High School	GED?	College
Please circle last year of formal education completed	1 2 3 4 5 6 7 8 9 10 11 12	Yes _____ No _____	FR SO JR SR Masters PH.D
NAME OF SCHOOL, CITY AND STATE	DEGREE AND/OR MAJOR OF STUDY		
High School			
College			
Graduate School			

**LICENSES AND/OR CERTIFICATES**

Type of License/Certificate	Issuing State or Agency	Number	Expiration Date
Driver's License			
Professional License			
Other			

**EMPLOYMENT** (indicate last three employers, starting with current or former job):

**Experience:** Please list your work experience, whether full-time, part-time, summer or temporary. You may attach a sheet to list additional employment experience if you desire, and you are encouraged to do so if it is related to the employment you seek. Include any military experience.

(a) Present or most recent employer:		From (Mo./Yr.)	To (Mo./Yr.)		
		Supervisor	Phone		
Employer's address	City	State	Zip Code		
Position Title		Full-time	Part-time	Summer	Temporary
Description of duties, responsibilities, and equipment operated:					
Reason for leaving:					

(b) Previous employer:		From (Mo./Yr.)	To(Mo./Yr.)		
		Supervisor	Phone		
Employer's address	City	State	Zip Code		
Position Title		Full-time	Part-time	Summer	Temporary
Description of duties, responsibilities, and equipment operated:					
Reason for leaving:					

(c) Previous employer:		From (Mo./Yr.)	To(Mo./Yr.)		
		Supervisor	Phone		
Employer's address	City	State	Zip Code		
Position Title		Full-time	Part-time	Summer	Temporary
Description of duties, responsibilities, and equipment operated:					
Reason for leaving:					

Have you ever been arrested or convicted in a court of law for an offense other than a traffic violation? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, provide details \_\_\_\_\_

**\*Certification:** I declare that all information given in this application is true and complete to the best of my knowledge. If hired, my failure to disclose any adverse pertinent information regarding my personal and employment history may lead to termination. I understand that a police background investigation may be conducted prior or during my employment

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

The University of Cincinnati prohibits discrimination on the basis of race, color, religion, national origin, age, sex, sex orientation, physical or mental handicap, disabled veteran or veteran of the Vietnam Era. Discrimination will not be practiced in any of the institution's activities.

**UNIVERSITY OF CINCINNATI UPWARD BOUND PROGRAM  
RECOMMENDATION FORM**

The above applicant has applied for a position with the University of Cincinnati Upward Bound Program. We would appreciate it if you would complete this form and return it to the below address immediately. The information provided will be kept confidential.

**TO BE COMPLETED BY APPLICANT**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TO BE COMPLETED BY THE EVALUATOR**

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Applicant's strengths \_\_\_\_\_

Applicant's weaknesses \_\_\_\_\_

Please rate the applicant in the categories listed below using the following:

0 = Outstanding                      G = Good                      A = Average                      P = Poor                      N = No basis for Judgment

- |                                    |                                                 |
|------------------------------------|-------------------------------------------------|
| _____ Instructional Skills         | _____ Ability to relate to diverse populations  |
| _____ Written communication skills | _____ Ability to work with high school students |
| _____ Verbal communication skills  | _____ Ability to work with others               |
| _____ Computer literacy skills     | _____ Teamwork                                  |
| _____ Analytical ability           | _____ Self-discipline                           |
| _____ Leadership                   | _____ Intellectual ability                      |
| _____ Maturity                     | _____ Initiative                                |
| _____ Organizational skills        | _____ Judgment                                  |
| _____ Honesty                      | _____ Morality                                  |
| _____ Creativity                   |                                                 |

- \_\_\_\_\_ Strongly recommend  
\_\_\_\_\_ Recommend  
\_\_\_\_\_ Recommend with reservations  
\_\_\_\_\_ Do not recommend

Thank you for completing this evaluation. Please make any additional comments on back.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

Organization \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please return to: University of Cincinnati Upward Bound Program  
French Hall, Room 2126  
Cincinnati, Ohio 45221-0118  
(513) 556-1625; (513) 556-3007 (fax)

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How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Applicant's strengths \_\_\_\_\_

\_\_\_\_\_

Applicant's weaknesses \_\_\_\_\_

\_\_\_\_\_

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| _____ Creativity                   |                                                 |

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\_\_\_\_\_ Recommend with reservations  
\_\_\_\_\_ Do not recommend

Thank you for completing this evaluation. Please make any additional comments on back.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Applicant's strengths \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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| _____ Creativity                   |                                                 |

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\_\_\_\_\_ Recommend with reservations  
\_\_\_\_\_ Do not recommend

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\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position/Title \_\_\_\_\_

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# **NOTE:**

- \* **Three completed recommendation forms are required for all applications.**
- \* **Please attach a copy of your résumé or vita.**

## **TUTOR ADVISOR AND TUTOR APPLICANTS:**

**Please send a copy of your official or unofficial college transcript(s) along with your completed application, or arrange for us to receive it directly from your college or university registrar office.**

## **TEACHER APPLICANTS:**

**Please submit copies of any teaching certificates, professional licenses, or other documents that will support your application.**

**Thank you for your interest in the University of Cincinnati Upward Bound Program.**