

**UPWARD BOUND APPLICATION FOR EMPLOYMENT**

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

PERMANENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

COLLEGE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

UNIVERSITY OF CINCINNATI M# \_\_\_\_\_ PARKING PASS NEEDED? \_\_\_\_\_

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

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

E-MAIL ADDRESS #1 \_\_\_\_\_

E-MAIL ADDRESS #2 \_\_\_\_\_

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? \_\_\_\_\_

<b>EDUCATION</b> (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
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High School \_\_\_\_\_

College \_\_\_\_\_

Graduate School \_\_\_\_\_

**LICENSES AND/OR CERTIFICATES**

Type of License/Certificate	Issuing State or Agency	Number	Expiration Date
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Driver's License \_\_\_\_\_

Professional License \_\_\_\_\_

**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. I understand that a police background investigation will be conducted prior to hiring. I cannot be approved for employment by the University of Cincinnati to supervise children if I have a felony conviction and/or job-related misdemeanors.

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

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

The below 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 and Integrity        | _____ 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  
College of Education, Criminal Justice, Human Services and IT  
Center for Youth Futures, 4<sup>th</sup> Floor Admin. Building  
2220 Victory Parkway, Cincinnati, Ohio 45221-0392  
(513) 368-7606 (cell or text); upward.bound@uc.edu

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RECOMMENDATION FORM**

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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:

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| _____ 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. \_\_\_\_\_

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## UNIVERSITY OF CINCINNATI UPWARD BOUND PROGRAM RECOMMENDATION FORM

The below 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:

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- |                                    |   |
|------------------------------------|---|
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| _____ Maturity                     | _____ Initiative                                |
| _____ Organizational skills        | _____ Judgment                                  |
| _____ Honesty and Integrity        | _____ 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 \_\_\_\_\_

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## **NOTE:**

**Three completed recommendation forms are required for all applications.**

**Please attach a copy of your résumé or vita.**

## **MENTORS 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.**

## **INSTRUCTOR APPLICANTS:**

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

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