

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? _____			
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			

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

_____ Written communication skills

_____ Verbal communication skills

_____ Computer literacy skills

_____ Analytical ability

_____ Leadership

_____ Maturity

_____ Organizational skills

_____ Honesty and Integrity

_____ Creativity

_____ Ability to relate to diverse populations

_____ Ability to work with high school students

_____ Ability to work with others

_____ Teamwork

_____ Self-discipline

_____ Intellectual ability

_____ Initiative

_____ Judgment

_____ Morality

_____ 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, and Human Services
260 E. University Avenue, P.O. Box 210118
Cincinnati, Ohio 45219
(513) 556-1625; (513) 368-7606 (cell)

**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

_____ Written communication skills

_____ Verbal communication skills

_____ Computer literacy skills

_____ Analytical ability

_____ Leadership

_____ Maturity

_____ Organizational skills

_____ Honesty and Integrity

_____ Creativity

_____ Ability to relate to diverse populations

_____ Ability to work with high school students

_____ Ability to work with others

_____ Teamwork

_____ Self-discipline

_____ Intellectual ability

_____ Initiative

_____ Judgment

_____ Morality

_____ 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, and Human Services
260 E. University Avenue, P.O. Box 210118
Cincinnati, Ohio 45219
(513) 556-1625; (513) 368-7606 (cell)

**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

_____ Written communication skills

_____ Verbal communication skills

_____ Computer literacy skills

_____ Analytical ability

_____ Leadership

_____ Maturity

_____ Organizational skills

_____ Honesty and Integrity

_____ Creativity

_____ Ability to relate to diverse populations

_____ Ability to work with high school students

_____ Ability to work with others

_____ Teamwork

_____ Self-discipline

_____ Intellectual ability

_____ Initiative

_____ Judgment

_____ Morality

_____ 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, and Human Services
260 E. University Avenue, P.O. Box 210118
Cincinnati, Ohio 45219
(513) 556-1625; (513) 368-7606 (cell)

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.**