



# APPLICATION for EMPLOYMENT

UNITED PLANNING ORGANIZATION  
301 Rhode Island Avenue, N.W., Washington, D.C. 20001

The United Planning Organization is an Equal Employment Opportunity Employer

**PLEASE ANSWER EVERY QUESTION IN FULL (PRINT CLEARLY OR TYPE)**

## I. GENERAL

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Present Address \_\_\_\_\_  
(Number/Street) (City/State) (Zip Code)

Home Number \_\_\_\_\_ Business Number \_\_\_\_\_

Are you legally eligible to be employed in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you over the age of 18 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Position Applying for \_\_\_\_\_

Date of Availability for Work \_\_\_\_\_ Salary Requirement \_\_\_\_\_

How Did You Hear about UPO? \_\_\_\_\_

Are you related to any present UPO employee? If yes, state name and give relationship \_\_\_\_\_

## II. EDUCATION

	Name & Location	From	To	Course or Major Field of Study	Year Graduated	Degree
Jr. High School						
High School						
College Attended						
Secretarial, Business, Trade, Other						

Are You Planning to Pursue Your Studies Further? Yes \_\_\_\_\_ No \_\_\_\_\_

If So, Where \_\_\_\_\_

### III. ADDITIONAL INFORMATION

Have you ever been convicted of a felony or a misdemeanor within the last seven years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 (A conviction will not necessarily result in the denial of employment.)

HAVE YOU EVER BEEN EMPLOYED WITH UPO? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide date of employment: \_\_\_\_\_

Participation in Community Affairs: \_\_\_\_\_

Do You Type?  Yes  No \_\_\_\_\_ Speed (Wpm) Can You Take Shorthand?  Yes  No \_\_\_\_\_ Speed (Wpm)

What Other Machines Can You Operate? \_\_\_\_\_

Additional Office Skills: \_\_\_\_\_

### IV. UNPAID EXPERIENCE OR VOLUNTEER WORK

Credit Will Be Given for Unpaid Experience or Volunteer Work Such as in Community, Cultural, Social Service, and Professional Association Activities. To Receive Proper Credit You must Show Actual Time, Such as the Number of Hours per Week Spent in Such Employment.

#### UNPAID OR VOLUNTEER WORK EXPERIENCE:

Community	Employed Dates	Worked Performed	Weekly Hrs Worked	Why Did You Leave
Name	FROM			
Address	Mo __/YR __			
City/State/Zip	TO			
Supervisor	Mo __/YR __			
Name	FROM			
Address	Mo __/YR __			
City/State/Zip	TO			
Supervisor	Mo __/YR __			

**V. EMPLOYMENT RECORD (ALL QUESTIONS MUST BE ANSWERED IN FULL)**

This must include full-time employment, part-time employment, self-employment and all periods of unemployment. Begin with the current or most recent employment and work back for a five year period.

May we contact your present employer? YES \_\_\_\_\_ NO \_\_\_\_\_

<b>Company Name</b>		
<b>Address</b>		
<b>Start Date</b>	<b>End Date</b>	<b>Annual Salary</b>
<b>Position</b>		
<b>Supervisor's Name /Title</b>		<b>Telephone No.</b>
<b>Reason for Leaving</b>		
<hr/>		
<b>Company Name</b>		
<b>Address</b>		
<b>Start Date</b>	<b>End Date</b>	<b>Annual Salary</b>
<b>Position</b>		
<b>Supervisor's Name /Title</b>		<b>Telephone No.</b>
<b>Reason for Leaving</b>		
<hr/>		
<b>Company Name</b>		
<b>Address</b>		
<b>Start Date</b>	<b>End Date</b>	<b>Annual Salary</b>
<b>Position</b>		
<b>Supervisor's Name /Title</b>		<b>Telephone No.</b>
<b>Reason for Leaving</b>		
<hr/>		
<b>Company Name</b>		
<b>Address</b>		
<b>Start Date</b>	<b>End Date</b>	<b>Annual Salary</b>
<b>Position</b>		
<b>Supervisor's Name /Title</b>		<b>Telephone No.</b>
<b>Reason for Leaving</b>		

**VI.**

**MILITARY RECORD**

Have You Served in the Armed Forces of the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serial No.
Date of Entry in Service	Branch of Service	
Date of Discharge	Type of Discharge	Rank at Discharge
If, other than Honorable, Give Details		
Are you at present in any Active or Inactive Reserve or the National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If So, What Unit	Your Rank	

**VII. FAMILY RECORD**

**PERSONS TO CONTACT IN EMERGENCY**

Name		Name
Address		Address
Relationship		Relationship
Home Phone		Home Phone
Business Phone		Business Phone

**VIII. PERSONAL REFERENCES**

Give Three (3) Individuals  
(DO NOT Include Relatives, Former Employers, Fellow Employees).

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Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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My Answers to the Foregoing Questions Are True. I Have Not Knowingly Withheld Any Facts or Circumstances Which Would, If Disclosed, Affect My Application Unfavorably. Any Discrepancies Will Result in Rejection of Application, or Dismissal from Position. I understand that the UPO requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test and criminal background check and/or finger-printing as a condition of employment. By submitting this application for employment, I hereby consent to either or all said tests, at the company's discretion.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

## UNITED PLANNING ORGANIZATION HANDICAPPED AND VETERANS INFORMATION

The United Planning Organization (UPO) is a government contractor subject to Section 503 of the Rehabilitation Act of 1973, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals and subject to Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of Vietnam Era. A “handicapped individual” is one who either has a physical or mental impairment that substantially limits one or more of the person’s major life activities, has a record of such impairment, or is regarded as having such impairment. A “disabled veteran” is a veteran entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. A quality handicapped individual or disabled veteran is an individual who is capable of performing a particular job, when reasonable accommodations to his or her handicap or disability are made.

You are invited to complete the following information, if you consider yourself to be a handicapped individual or disable veteran, and would like to be covered under the Affirmative Action Program. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment.

The information will be kept confidential, except that your signature to this form constitutes your agreement to permit the release of this information and other medical information regarding your handicapped or disability to supervisors and a mangers for the purpose of informing them regarding restrictions on the work or duties of handicapped individuals or disable veterans or the necessary accommodations for such individuals: to first aid and safety personnel, when and to the extent appropriate, if the handicap or disability might require emergency treatment; and to government official investigating compliance with the Rehabilitation Act of 1973 or the Vietnam Era Veterans Readjustment Assistance Act of 1974.

Full Name	
Address	
Home Phone	Mobil/Cellular Phone