



CESAME SUMMER PROGRAM APPLICATION

The University of Alabama at Birmingham
Center for Community OutReach Development

Name: _____ E-Mail Address: _____

Please check one of the following:

I am interested in the scholarship certification program _____

I am interested now only in the facilitation part of the program _____

Are you a STEM Major? Yes No Are you interested in Teaching? Yes No

School: _____ Major: _____ Classification: _____

Why would you like to be a CESAME Participant?

Please send the completed application and a copy of your Resume to:

**CESAME Summer Programs
UAB Center for Community OutReach Development
Community Health Services Building 19, Room 503
933 19th Street South
Birmingham, AL 35294-2041**

Or email to:
ccord@uab.edu



The University of Alabama at Birmingham

Instructions: Print application and complete all requested information thoroughly. Return completed application to hiring department.

PERSONAL INFORMATION							
Today's Date		Position Applying For (Title & #)				Minimum Acceptable Salary	
Last Name		First Name		Middle Name	Social Security Number		
Street Address			City	State	Zip Code	County	
Other Names Previously Used Under Which Your Records May Be Located				Applicant e-mail address (optional)			
When Can You Begin Work				Phone Number		Home	
Specify Type Of Work Desired		Full Time <input type="checkbox"/>		Part-time <input type="checkbox"/>		Specify Days And Hours Willing To Work	
Whom Should We Notify In Case Of Emergency		Name	Address	Phone	Relation		
EDUCATION							
	School / Institution	City	State	Dates Attended	Did You Graduate/Complete	Type of Certificate, Diploma, Degree, GED	Courses Or Major
School / GED				TO			
Vocational/ Tech School				TO			
College Or University				TO			
				TO			
List Scholastic Achievements							
List Extracurricular Activities in High School And/Or College							
OTHER REQUIRED INFORMATION							
State/Number Of Current Driver's License		Number/Expiration Date Of Professional Or Occupational Licenses				Do You Type? If So, WPM _____.	
PC Systems/Software With Which You Are Experienced							
List Equipment You Operate Or Other Job-Related Skills You Have, Including Medical Procedures You Are Qualified/Certified To Perform.							
Are You Legally Authorized To Work In The United States?				YES	NO	<input type="checkbox"/>	
Will You Now Or In The Future Require Sponsorship For Employment Visa Status (e.g. H-1B Or Other)?				YES	NO	<input type="checkbox"/>	
Have You Ever Been Convicted Of Any Crime(s) (Felony Or Misdemeanor Including DUI) Other Than A Routine Traffic Citation(s)?				YES	NO	<input type="checkbox"/>	
If "Yes," You Must Disclose All Offenses On The "Consent For Background Investigation" Form.				Are You A Relative Of Anyone Working For UAB?			
				YES	NO	<input type="checkbox"/>	
				If Yes, Name, Relationship And Department.			
Have You Ever Been Associated With UAB In Any Employment Capacity?				YES	NO	<input type="checkbox"/>	
If Yes, When?				Dept.	Were You Referred By A UAB Employee? YES NO <input type="checkbox"/>		
				Who?			

EMPLOYMENT HISTORY

List Most Recent Employer First

Dates of Employment			Employer's Name/Department				Starting Salary	Ending Salary	
			Supervisor's Name/Title				Title:		
From	Month	Year					Duties:		
To			City	State	Zip	Employer's Phone No.			
Check One			Reason For Leaving						
			<small>Full Time Part-Time Temporary</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

Dates of Employment			Employer's Name/Department				Starting Salary	Ending Salary	
			Supervisor's Name/Title				Title:		
From	Month	Year	Street Address				Duties:		
To			City	State	Zip	Employer's Phone No.			
Check One			Reason For Leaving						
			<small>Full Time Part-Time Temporary</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

Dates of Employment			Employer's Name/Department				Starting Salary	Ending Salary	
			Supervisor's Name/Title				Title:		
From	Month	Year	Street Address				Duties:		
To			City	State	Zip	Employer's Phone No.			
Check One			Reason For Leaving						
			<small>Full Time Part-Time Temporary</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

Dates of Employment			Employer's Name/Department				Starting Salary	Ending Salary	
			Supervisor's Name/Title				Title:		
From	Month	Year	Street Address				Duties:		
To			City	State	Zip	Employer's Phone No.			
Check One			Reason For Leaving						
			<small>Full Time Part-Time Temporary</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

Dates of Employment			Employer's Name/Department				Starting Salary	Ending Salary	
			Supervisor's Name/Title				Title:		
From	Month	Year	Street Address				Duties:		
To			City	State	Zip	Employer's Phone No.			
Check One			Reason For Leaving						
			<small>Full Time Part-Time Temporary</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

May We Communicate With Your Employers? Past: YES NO Present: YES NO

The University of Alabama at Birmingham utilizes credit reporting agencies (CRAs) and direct inquiry to obtain background information on applicants. If an adverse action is taken against you as a result of information we obtain from a CRA, you will be provided a Summary of Your Rights Under the Fair Credit Reporting Act and a copy of the consumer report. The University of Alabama at Birmingham will not use information obtained from a CRA in a manner that would violate any federal or state equal opportunity law or regulation, or otherwise in a manner inconsistent with the Federal Fair Credit Reporting ACT.

UAB STATEMENT OF POLICY

The University of Alabama at Birmingham is an Equal Opportunity/Affirmative Action employer. As such the University pledges to take the necessary action to preclude discrimination in recruiting, employment, training, disciplining and/or terminating of employees because of race, color, creed, age, sex, national origin, sexual orientation, disability, veteran status or other reason in accordance with all applicable state and federal statutes, executive orders and regulations which prohibit discriminatory personnel practices.

CERTIFICATION BY APPLICANT

I certify that the information given on this application and in any other supporting documentation, resume, etc., is true and correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds for the University of Alabama at Birmingham to terminate my employment without notice. I further understand that the University will perform a pre-employment investigation to determine my suitability for employment and I authorize the University to secure the information necessary to make a decision. I hereby release from liability any and all individuals and organizations who provide information to the University of Alabama at Birmingham concerning my professional competence, ethics, character and other qualifications and authorize my prior employers to release any requested information from my personnel files. I further understand that the University will adhere to applicable state and federal statutes concerning the securing of information, handling, utilization and release of information obtained in the pre-employment investigation. I acknowledge by my signature that I have read and understand these statements.

Signature _____

Date _____