



APPLICATION FOR EMPLOYMENT - return to:  
 United Community & Family Services  
 34 East Town Street  
 Norwich, CT 06360-2326  
 (860) 889-2375 • www.ucfs.org  
 Fax: (860)823-3060

*Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.*

Please Print

Positions applied for \_\_\_\_\_ Date of Application \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Referral Source:  Advertisement  Walk-in  Employee  Relative  
 Government Agency  Internet  Private Employment Agency  Other \_\_\_\_\_

Name of Source (if applicable) \_\_\_\_\_

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Address (street) \_\_\_\_\_ (city, state, zip) \_\_\_\_\_

Social Security \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell/Other ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ AM/PM

May we contact you at work?  Yes  No

If yes, work number and best time to call \_\_\_\_\_ AM/PM

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before?  Yes  No

If yes, give dates and positions \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Have you ever been employed here before?  Yes  No

Dates: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Job Title \_\_\_\_\_

Dates: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Job Title \_\_\_\_\_

Are you related to any current UCFS employee or board member?  Yes  No

If yes, what is the relation/name? \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date available for work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ What is your desired wage/rate? \$ \_\_\_\_\_

Type of employment desired:  Full Time  Part time  Temporary  Seasonal  Educational Co-Op

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No

Have you ever been bonded?  Yes  No

Driver's license number if driving is an essential function \_\_\_\_\_

State \_\_\_\_\_

Criminal History Information Form HR 301 to be completed at a later date.

AN EQUAL OPPORTUNITY EMPLOYER

**Employment History-Most Recent First**

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Work Performed and Responsibilities \_\_\_\_\_  
Starting Job Title/Final Job \_\_\_\_\_/\_\_\_\_\_ Dates Employed: From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Immediate Supervisor and Title \_\_\_\_\_ May we contact for a reference?  Yes  No  
Reason for leaving \_\_\_\_\_  
Starting Rate \_\_\_\_\_ Final Rate \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Work Performed and Responsibilities \_\_\_\_\_  
Starting Job Title/Final Job \_\_\_\_\_/\_\_\_\_\_ Dates Employed: From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Immediate Supervisor and Title \_\_\_\_\_ May we contact for a reference?  Yes  No  
Reason for leaving \_\_\_\_\_  
Starting Rate \_\_\_\_\_ Final Rate \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Work Performed and Responsibilities \_\_\_\_\_  
Starting Job Title/Final Job \_\_\_\_\_/\_\_\_\_\_ Dates Employed: From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Immediate Supervisor and Title \_\_\_\_\_ May we contact for a reference?  Yes  No  
Reason for leaving \_\_\_\_\_  
Starting Rate \_\_\_\_\_ Final Rate \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_  
Work Performed and Responsibilities \_\_\_\_\_  
Starting Job Title/Final Job \_\_\_\_\_/\_\_\_\_\_ Dates Employed: From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Immediate Supervisor and Title \_\_\_\_\_ May we contact for a reference?  Yes  No  
Reason for leaving \_\_\_\_\_  
Starting Rate \_\_\_\_\_ Final Rate \_\_\_\_\_

Comments including explanation of any gaps in employment \_\_\_\_\_

Skills and Qualifications: *Summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Educational Background (if job related)**

A. List last 3 schools attended starting with most recent. B. List number of years completed. C. Indicated degree or diploma earned if any. D. Grade Point Average or Class Rank E. Major field of study F. Minor (if applicable).

SCHOOL	NUMBER OF YRS COMPLETED	DEGREE/DIPLOMA	GPA/CLASS RANK	MAJOR	MINOR

**References**

List name and telephone number of three business/work references who are not related and are not previous supervisors. If not applicable, list personal references who are not related to you.

NAME/HOW DO YOU KNOW?	TELEPHONE	NUMBER OF YRS. KNOWN

**Additional Information**

List professional, trade, business or civic associations and any offices held.

EXCLUDE ASSOCIATIONS AND OFFICES THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE/NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICE HELD

List accomplishments, publications, awards, etc.

EXCLUDE ASSOCIATIONS AND OFFICES THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE/NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS-

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List any additional information you would like us to consider:

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*Please note:*

*This is a preliminary application. A signed application is required with further information if applicant is requested for an interview.*

**Application Statement**

I certify all information I have provided in order to apply for and secure work with United Community & Family Services, Inc. is true, complete and correct.

I understand any information provided by me which is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately terminate my employment, whenever it is discovered.

I expressly authorize, without reservation, United Community & Family Services, Inc., its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, DCF, DMR, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding United Community & Family Services, Inc., its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand United Community & Family Services, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration from employment on a basis prohibited by applicable local, state, or federal law.

I understand this application will only be considered for this present opening. At the conclusion of that time, if I have not heard from United Community & Family Services, Inc. and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand I am free to resign at any time, with or without cause and without prior notice, and United Community & Family Services, Inc. reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand no supervisor or representative of United Community & Family Services, Inc. is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are invalid unless they are in writing and signed by an authorized representative of United Community & Family Services, Inc.

I also understand if I am hire, I will be required to successfully complete a pre-employment physical examination including drug test and I will be required to provide proof of identity and legal authority to work in the United States and that the federal immigration laws require me to complete an I-9 Form in this regard. If applicable, I may be required to present finger-printing documentation and may be required to complete a "Confidentiality" agreement.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

We truly welcome your application. We are proud that our success is the result of the quality and caliber of our employees. You are applying for a position of which acceptance will place you in a category of recognized professionals. In pursuit of that excellence, we require as a condition of employment that all applications consent to and authorization a pre-employment verification of the background information submitted on their application or resumes.

This release and authorization acknowledges that this company may conduct a verification of your education, previous employment, work history, military service, credit history, contact personal or business references, motor vehicle records and receive any criminal history record information pertaining to you which may be in the files of Federal, State or Local Criminal Agencies in any State and/or other information as deemed necessary to fulfill the job requirements.

I have read and understand this release and consent and I authorize the background verification. I authorize persons, schools, current and former employers, credit reporting agencies, military agencies to release any information from any and all claims and damages connected with the release of any requested information. I also do hereby agree to forever release and discharge the Company, their agent Employers Reference Source and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

In conformance with the Americans with Disability Act, I acknowledge by my signature that I have been offered a position contingent upon a satisfactory background investigation. This position is offered to me by:

**United Community & Family Services, 34 East Town Street, Norwich, CT 06360-2326**

Therefore, I authorize the release of worker's compensation information from the Department of Labor and/or the Worker's Compensation Commission.

\_\_\_\_\_  
Company Representative (Type/Print)      \_\_\_\_\_ Date: \_\_\_\_\_  
Company Representative's Signature

\_\_\_\_\_  
Applicants Signature      Date: \_\_\_\_\_

According to the Federal Fair Credit Reporting Act, I am entitled to know if employment is denied based on information obtained from Employers Reference Source and to receive upon written request a copy of the consumer report.

**I agree that a copy of this document is as valid as the original.**

APPLICANT:

\_\_\_\_\_  
Name Typed or Printed      SS# \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Signature      Drivers License #: \_\_\_\_\_  
Have you used any other last name? YES / NO      State Issued: \_\_\_\_\_  
If yes, what name did you use?      High School: \_\_\_\_\_  
\_\_\_\_\_  
College: \_\_\_\_\_



# Authorization for Release of Information for DCF CPS Search



5/2010

I, \_\_\_\_\_ do hereby authorize the Department of Children and Families to research  
(Type Applicant Name)

their records for any and all information concerning charges, findings, dispositions, etc., relating to child abuse or neglect in which I/my family may have been named, and to release it to the agency listed below. I understand that this information will determine my suitability solely for (check one):  Employment  Day Care  Volunteer  Intern  Mentor  Other

By: Agency Name / Address/City / State / Zip Code  
Attention: Agency: Address: City: State: Zip Code:

I release the Department of Children and Families from any liability for any damages I may incur which may result from the release / use of this information. I submit my following information to assist the Dept. of Children and Families in their search.

**PLEASE TYPE OR PRINT LEGIBLY / LEAVE NO BLANK SPACES**

Name: Last First Middle Date of Birth: Social Security #: How Long at Current Address: Yrs. Mos.  
Address: Street (No P.O. Boxes) Apartment No. City State Zip Code

Previous Address(es)/List All for the Last Five Years (continues on reverse side of form if necessary) [ ] Check if reverse side used

Street (No P.O. Boxes)	Apt. #	City/Town	State	Zip Code	Dates	
					From Month/Yr.	To Month/Yr.

Other Names I have Used -- Including Maiden, Previous Marriages (s) [ ] Check if reverse side used

Last	First	Middle

Name of Spouses/Other Adults in the Home -- Past and Present [ ] Check if reverse side used

Last	First	Middle	D.O.B. Month/Day/Year	Social Security #	Signature/Date (If Still in the Home)

Names of ALL Child(ren) -- Biological, Stepchildren Including Adult Children In or Out of the Home [ ] Check if reverse side used

Last	First	Middle	Sex	D.O.B. Month/Day/Year

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

THIS AUTHORIZATION WILL EXPIRE 180 DAYS AFTER THE DATE OF THE SIGNATURE  
FORMS NOT FILLED OUT COMPLETELY AND PRINTED CLEARLY WILL BE RETURNED  
\*\*\*\*DCF Conducts a Search of the CT Registry ONLY\*\*\* The Accuracy of this Search is Limited to the Information Provided by the Applicant to DCF

Mail to: DCF Hotline Background Searches - 505 Hudson Street - 5th Floor - Hartford, CT 06106

DCF-CT HOTLINE CPS-BGC USE ONLY DO NOT WRITE BELOW THIS LINE

DATE: \_\_\_\_\_ RECORD FOUND: YES \_\_\_\_\_ NO \_\_\_\_\_ Processor's Initials: \_\_\_\_\_

# CRIMINAL HISTORY INFORMATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?  Yes  No

If "yes" please provide date (s) and details:

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1. **The applicant is not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-760 or 54-142a of the Connecticut General Statutes.**
2. **Criminal records subject to erasure pursuant to section 46b-146, 54-760 or 54-142a of the Connecticut General Statutes are records relating to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person was found not guilty or a conviction for which a person received an absolute pardon.**
3. **Any person whose criminal records have been erased pursuant to section 46b-146, 54-760 or 54-142a to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

