



APPLICATION for Student Placement / Internship / Residency / Volunteer
 Return to: **United Community & Family Services**
 34 East Town Street Norwich, CT 06360
 (860) 889 - 2375 • Fax: (860) 823 - 3060
www.ucfs.org

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

PLEASE PRINT

Date of Application ___ / ___ / ___

Internship / Placement / Residency applied for: _____

School/University: _____ Desired Dates of Placement ___ / ___ / ___ to ___ / ___ / ___

Address: _____

Degree Program you are in: *(please select one)* Medical Asst Nurse Physician Asst APRN Physician
 Dental Asst Dental Hygienist Dentist
 Clinicians: MSW MFT MA / MS
 Other – Please write in degree program name: _____

Name (last) _____ (first) _____ (middle) _____

Address (street) _____ (city, state, zip) _____

Social Security # _____ / _____ / _____ Driver's License # _____ / _____ / _____

Telephone () _____ Cell/Other () _____ Best time to call: _____ am/pm

Email Address _____

Have you been an Intern, student or resident with us before? _____ If yes, when? _____

Are you related to any current UCFS employee or board member? If yes, what is the relation? _____

Internship/Placement/Residency/Volunteer History-Most Recent First

1) Organization Name _____

Address _____ Telephone Number () _____

Type of Internship/Placement/Residency _____

Dates: ___ / ___ / ___ to ___ / ___ / ___

Clinical Supervisor _____ May we contact for a reference? Yes No

2) Organization Name _____

Address _____ Telephone Number () _____

Type of Internship/Placement/Residency _____

Dates: ___ / ___ / ___ to ___ / ___ / ___

Clinical Supervisor _____ May we contact for a reference? Yes No

3) Skills and Qualifications: Please summarize any special training, skills, licenses, and/or certificates that may qualify you as being able to perform related functions of the internship/placement/residency for which you are applying.

(Exclude associations & 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)

4) List any additional information you would like us to consider: _____

REFERENCES

List name and telephone number of three school, work or personal references who are not related to you below:

NAME/HOW DO YOU KNOW?	TELEPHONE	# of Years KNOWN
_____	_____	____ yrs.
_____	_____	____ yrs.
_____	_____	____ yrs.

STUDENT / INTERN / RESIDENT STATEMENT

I certify all information provided in order to apply for and secure an internship, placement or residency 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 cancel further consideration of this application, or immediate termination of my internship, placement or residency, 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 & professional), public agencies, DCF, DDS, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or internship/placement/residency 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 internship/placement/residency 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 internship/placement/residency and no question on this application is used for the purpose of limiting or excusing any applicant from consideration from internship/placement/residency on a basis prohibited by applicable local, state or federal law.

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

If my internship/placement/residency commences, I understand I am free to terminate at any time, with or without cause and without prior notice, and United Community & Family Services, Inc. reserves the right to terminate my internship/placement/residency 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 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 my internship/placement/residency commences, I may be required to successfully complete a pre-internship, pre-placement or pre-residency physical examination and drug test and I will be required to provide proof of identity and school standing in good active status. If applicable, I may be required to present finger-printing documentation and may be required to complete a "confidentiality" agreement.

<p>DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT</p> <p>I certify I have read, fully understand and accept all terms of the foregoing Student/Intern/Resident Statement</p> <div style="display: flex; justify-content: space-between;"> <div style="border-top: 1px solid black; width: 60%; text-align: center;"> <p>Signature of Applicant</p> </div> <div style="border-top: 1px solid black; width: 30%; text-align: right;"> <p>Date: ___ / ___ / ___</p> </div> </div>

- RELEASE FORMS that MUST accompany this Application:**
- 1 - Applicant Authorization and Consent for Release of Information
 - 2 - Authorization for Release of Information for DCF CPS Search
 - 3 - Criminal History Information Form

Please note: A fully completed & signed application is required for a Student, Intern, Residency or Volunteer placement with UCFS

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# _____

Signature Date of Birth: _____

Have you used any other last name? YES / NO Drivers License #: _____
If yes, what name did you use? State Issued: _____

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 #: Address: Street (No P.O. Boxes) Apartment No. How Long at Current Address: Yrs. Mos. City State Zip Code

Table with 7 columns: Street (No P.O. Boxes), Apt. #, City/Town, State, Zip Code, From Month/Yr., To Month/Yr. Header: Previous Address(es)/List All for the Last Five Years (continues on reverse side of form if necessary) [] Check if reverse side used

Table with 3 columns: Last, First, Middle. Header: Other Names I have Used - Including Maiden, Previous Marriages(s) [] Check if reverse side used

Table with 6 columns: Last, First, Middle, D.O.B. Month/Day/Year, Social Security #, Signature/Date (If Still in the Home). Header: Name of Spouses/Other Adults in the Home - Past and Present [] Check if reverse side used

Table with 5 columns: Last, First, Middle, Sex, D.O.B. Month/Day/Year. Header: Names of ALL Child(ren) - Biological, Stepchildren Including Adult Children In or Out of the Home [] Check if reverse side used

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:

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, 54-76o or 54-142a of the Connecticut General Statutes.**
2. **Criminal records subject to erasure pursuant to section 46b-146, 54-76o 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, 54-76o 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: _____