



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.*