



Application for Internship / Residency / Student Placement

34 East Town Street Norwich, CT 06360

Fax: (860) 823-3060 www.ucfs.org

Date _____

Internship / Placement / Residency applied for: _____

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

Degree Program you are in: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Best time to contact:** _____ **E-mail:** _____

Have you been an intern, student or resident with UCFS before? Y / N If yes, when? _____

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

Internship/Placement/Residency History *(Please list most recent first)*

1) Organization _____

Address _____ Phone _____

Type of Internship/Placement/Residency _____ Dates: _____ to _____

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

2) Organization _____

Address _____ Phone _____

Type of Internship/Placement/Residency _____ Dates: _____ to _____

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

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.

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

UCFS is an Equal Opportunity Employer committed to providing equal access to programs, services and placements. All candidates are assured equal consideration free from intimidation and harassment, in accordance with applicable federal, state, and local laws, without discrimination on the basis of race, color, sex, sexual orientation or preference, national origin, age, religion, ancestry, veteran status, marital status, physical disability, mental disorders, citizenship, genetic information, gender identity/expression or any other characteristic protected by law.

References

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

Name/Relationship	Phone	Yrs 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 that I am not applying to be an employee of United Community & Family Services, Inc. by completing this application. If I am selected for an internship/placement/residency, I will not be entitled to receive any wages or payment from United Community & Family Services in connection with this position. I am applying for a position that will provide me with educational experience required by the academic program that I am currently enrolled in. I understand that there may be required documentation and/or supervision required through my academic program in conjunction with this position.

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 any currently available internship/placement/residency 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 an internship/placement/residency during the next available cycle, 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.

I certify I have read, fully understand and accept all terms of the foregoing Student/Intern/Resident Statement

Signature of Applicant	Date
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Please also complete the following:

- 1 - Applicant Authorization and Consent for Release of Information
- 2 - Authorization for Release of Information for DCF CPS Search
- 3 - Criminal History Information Form
- 4 - Mandatory Medical Form

All signed completed documents must be received by UCFS Human Resources at least two weeks before the beginning your internship/placement/residency. If the documents are not in place, your start date will be delayed.

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: _____

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: _____



United Community & Family Services

A Legacy of Caring since 1877

34 East Town Street
Norwich, Connecticut 06360-2326

telephone (860) 889-2375
fax (860) 889-3450
www.ucfs.org

Mandatory Medical Documents*

Physical Exam stating that you are:
'Fit for Duty" & free from
Communicable diseases.

Date _____

PPD

Date place _____

Date read _____

Flu Shot
(if onsite between 11/01 thru 3/1)

Date _____

HEP B Series (Primary Care & Dental)

Date _____

Date _____

Physician Signature

Physicians Contact Information

Office _____

Street Address _____

City _____ State _____

***Medical Exams must to be completed within the past 12 months**

Created 11/13/2013

