



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
------------------------	------

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.