

Creating healthy communities

APPLICATION FOR EMPLOYMENT

United Services, Inc.,

1007 North Main Street • Dayville, CT 06241 Telephone: (860) 774-2020 Fax: (860) 774-0095

Attention: Human Resources

5/18

Please fill in the application yourself, in ink, giving complete answers to all questions.

It is the policy of this company to give equal opportunity to all qualified applicants. All employment practices provide that individuals be recruited, hired, assigned, advanced, compensated and retained on the basis of their qualifications and treated equally without regard to race, color, religion, national origin, gender, age, disability, marital or veteran status, sexual orientation, transgender identity or expression, genetic information or any other legally protected status.

Part I General Inform	mation			
Name	Street Ad	dress	Town	Zip Code
Phone (Home)	(Mobile)	(Work)	Email Address	
Position Applying For				
Please tell us why you are in	iterested in this position.			
	to be employed in the United States? you will be required to provide docume			
2. Do you have a valid driv	ver's license, if the position you are apply	ving for requires a license?	□ yes □ no	
3. Do you have reliable tra	insportation for use during work time, if	the position you are applying fo	or requires you to travel during work tin	ne?
4. Are you applying for?	☐ Full-time ☐ Part-tin	me		
5. If you are applying for f	full-time work, would you consider part-	time? uges no		
6. Are you available to we	ork?	enings 🗆 nights 🗀 wee	ekdays	
☐ United Services☐ Classified ad in	ut this opening? Please list the source ch Web Site a newspaper: employee:	Postin	at amplayment site.	
8. Have you worked for Un	nited Services before?			yment Dates to
9 Are you fluent in any la	nonages other than English? 🔲 yes 🗍	no If yes which languages		

Part II Employment History

List your current or most recent employer first. Please complete all sections. "See Resume" is not acceptable.

Employer	Type of Business	Seasonal		Work Performed
	□ yes □ no			
Address	Phone Number			
	()			
Your Job Title	Number of Hours If part-time		e or per diem,	
	Worked per Week Average hrs/week		rs/week	
Supervisor's Name	Supervisor's Title			
•	_			
Employment Dates:	Total Time Employed:		Reason for Leavin	σ
From To				•
Mo Yr Mo Yr	Years Mont	ths		
			•	
Employer	Type of Business	Seasonal		Work Performed
		☐ yes	□ no	
Address	Phone Number	-		
Addition	()			
Your Job Title	Number of Hours	If nout tim	e or per diem,	
Your Job Title	Worked per Week	Average hi		
Supervisor's Name	Supervisor's Title			
Employment Dates:	Total Time Employed:		Reason for Leavin	g
From ToYr	Years Months			
T	T 6D :	0 1		W. I.D. C.
Employer	Type of Business	Seasonal yes	Ппо	Work Performed
		u yes	□ no	
Address	Phone Number			
	()			
Your Job Title	Number of Hours If part-time or per diem,		e or per diem,	
	Worked per Week	Average hi	rs/week	
Supervisor's Name	Supervisor's Title			
•				
Employment Dates:	Total Time Employed:		Reason for Leavin	σ
From To			110mbon for Ecuvin	5
<u>Mo</u> <u>Yr</u> <u>Mo</u> <u>Yr</u>	Years Mont	ths		

Part III Educational Ba	ckground						
Highest Degree Attained:	☐ High School	☐ Associate's Degree	☐ Bachelor's Degree	☐ Master's Degree		Date Received: facilitate confirmation Mo	Year
List Highest Degree		Degree Field		School _			State
Other Education			School		State	Dates Attended	to
Part IV Clinical or Prof	fessional Licenso	es / Registrations / Co	ertifications				
Please complete this se	ction if you ha	ve a clinical or othe	r professional licens	se.			
Type of License		1	Number	State	<u> </u>	Expiration Date	
Type of License		1	Number	State)	Expiration Date	
Other Certification						_ Expiration Date	
1. Has any professional license or certification of yours in any jurisdiction ever been limited, suspended, or revoked?					☐ yes	☐ no	
2. Has your clinical privilege	e or employment at	any health care organiza	ation ever been suspende	d, diminished, revoked,	or not renewed?	☐ yes	□ no
3. Have you even been denie	ed membership or r	enewal thereof, or have	been subject to disciplina	ry action in any profess	ional organization	? □ yes	☐ no
4. Has any claim/objection of professional reputation be					claims bearing upo	n your	□ no
5. Has any insurance carrier	canceled or refuse	d to renew your profession	onal liability insurance?			☐ yes	☐ no
If you answered yes to any of the above questions, you must provide full details on a separate sheet of paper and attach it to this application.							
Part V Employment R	eferences and Sl	kills					
1. Have you used any other i	names in a previous	s job? □ yes □ no	If yes, what other nar	nes have you used?			
2. List any special skills you have for this position:							
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3. Are there any other exper	iences or qualifica	tions that you feel you ca	nn bring to this position?				

Please provide three <u>Supervisory</u> references. Co-worker, friend and/or family member references are not acceptable.

Company	Supervisor's Name	Supervisor's Title	Phone Number	Years Known
			()	
			()	
4. Have you been discharged from any of	of your last three jobs? uges uges uges uges uges uges uges uge	o If yes, please explain:		
instance and explanation will be cons DCF Protective Services check may DCF Protective Services check will n	und checks are conducted for all potenti- sidered in relation to the position for wh- be required for the position for which you not necessarily bar you from employment empensation information will only be red	outich you are applying. Similarly, a motor ou are applying. The results of a motor out. Each instance and explanation will	for vehicle operation background r vehicle operation background be considered in relation to the	d check and a check and a
references, any law enforcement ager educational or employment history, of	n and statements made on this applicationcy, state agency, institution, information living history, worker's compensation of a result of inquiry and furnishing this into or dismissal after employment.	on service bureau, or insurance companiclaims, character, and work habits. I he	y to furnish any information co ereby release all such persons a	ncerning my nd institutions
Applicant Name: Please Pr	Signature:		Date:	

VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION DATA

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS. NOT FOR INTERVIEW PURPOSES. FILE SEPARATELY FROM APPLICATION.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we request you complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not apart of your official application for employment. It will not be used in any employment decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Applicant Information

reportant information	
Applicant Name: Phone () LAST FIRST MIDDLE	
LAST FIRST MIDDLE	
Address:	
STREET CITY STATE ZIP CODE	
☐ Male ☐ Female Position applied for: Date:	
Referral Source:	
☐ United Services Web Site ☐ Posting at a college or university:	
Classified Ad: Internet employment site:	
□ USI Employee: □ Other:	
Person who referred you, if applicable:	
Please select one of the following Equal Employment Opportunity Identification Groups:	
☐ Hispanic ☐ White (not of Hispanic origin) ☐ American Indian/Alaskan Na	ativo
	auve
☐ Asian/Pacific Islander ☐ Black (not of Hispanic origin)	
For Administrative Use	
Positions(s) applied for:	ening
Other positions(s) considered for:	
Hired? Yes No Hire Date:	
Position hired for:	
Position Classification:	
☐ Office and Clerical Workers ☐ Sales Workers ☐ Technicians	
☐ Craft Workers (skilled) ☐ Professionals ☐ Official and Managers	
Additional Notes:	
Completed by: Date:	