



United Services, Inc.

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 Information

Name _____ Street Address _____ Town _____ Zip Code _____

Phone (Home) _____ (Mobile) _____ (Work) _____ Email Address _____

Position Applying For _____

Please tell us why you are interested in this position. _____

1. Are you legally eligible to be employed in the United States? yes no
(If offered employment, you will be required to provide documentation to verify eligibility)
2. Do you have a valid driver's license, if the position you are applying for requires a license? yes no
3. Do you have reliable transportation for use during work time, if the position you are applying for requires you to travel during work time? yes no
4. Are you applying for? Full-time Part-time
5. If you are applying for full-time work, would you consider part-time? yes no
6. Are you available to work? days evenings nights weekdays weekends
7. How did you learn about this opening? Please list the source checked.

<input type="checkbox"/> United Services Web Site	<input type="checkbox"/> Posting at a college or university: _____
<input type="checkbox"/> Classified ad in a newspaper: _____	<input type="checkbox"/> Internet employment site: _____
<input type="checkbox"/> United Services employee: _____	<input type="checkbox"/> Other: _____
8. Have you worked for United Services before? yes no If yes, in which job? _____ Employment Dates _____ to _____
9. Are you fluent in any languages 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 <input type="checkbox"/> yes <input type="checkbox"/> no	Work Performed
Address	Phone Number ()		
Your Job Title	Number of Hours Worked per Week _____	If part-time or per diem, Average hrs/week _____	
Supervisor's Name	Supervisor's Title		
Employment Dates: From ___ Mo ___ Yr To ___ Mo ___ Yr	Total Time Employed: ___ Years ___ Months	Reason for Leaving	

Employer	Type of Business	Seasonal <input type="checkbox"/> yes <input type="checkbox"/> no	Work Performed
Address	Phone Number ()		
Your Job Title	Number of Hours Worked per Week _____	If part-time or per diem, Average hrs/week _____	
Supervisor's Name	Supervisor's Title		
Employment Dates: From ___ Mo ___ Yr To ___ Mo ___ Yr	Total Time Employed: ___ Years ___ Months	Reason for Leaving	

Employer	Type of Business	Seasonal <input type="checkbox"/> yes <input type="checkbox"/> no	Work Performed
Address	Phone Number ()		
Your Job Title	Number of Hours Worked per Week _____	If part-time or per diem, Average hrs/week _____	
Supervisor's Name	Supervisor's Title		
Employment Dates: From ___ Mo ___ Yr To ___ Mo ___ Yr	Total Time Employed: ___ Years ___ Months	Reason for Leaving	

Part III Educational Background

Highest Degree Attained: High School Associate's Degree Bachelor's Degree Master's Degree Doctorate

Date Received:
to facilitate confirmation Mo Year

List Highest Degree _____ Degree Field _____ School _____ State _____

Other Education _____ School _____ State _____ Dates Attended _____ to _____

Part IV Clinical or Professional Licenses / Registrations / Certifications

Please complete this section if you have a clinical or other professional license.

Type of License _____ Number _____ State _____ Expiration Date _____

Type of License _____ 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 or employment at any health care organization ever been suspended, diminished, revoked, or not renewed? yes no
- 3. Have you even been denied membership or renewal thereof, or have been subject to disciplinary action in any professional organization? yes no
- 4. Has any claim/objection of professional misconduct, negligence, unethical behavior, sexual misconduct, or any other claims bearing upon your professional reputation been filed against you by an employer, client, professional organization or regulatory body? yes no
- 5. Has any insurance carrier canceled or refused to renew your professional 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 References and Skills

1. Have you used any other names in a previous job? yes no If yes, what other names have you used? _____

2. List any special skills you have for this position: _____

3. Are there any other experiences or qualifications that you feel you can bring to this position? _____

Please provide three Supervisory 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 your last three jobs? yes no If yes, please explain: _____

PLEASE NOTE Criminal background checks are conducted for all potential hires, the results of which will not necessarily bar you from employment. Each instance and explanation will be considered in relation to the position for which you are applying. Similarly, a motor vehicle operation background check and a DCF Protective Services check may be required for the position for which you are applying. The results of a motor vehicle operation background check and a DCF Protective Services check will not necessarily bar you from employment. Each instance and explanation will be considered in relation to the position for which you are applying. Worker's compensation information will only be requested in compliance with the Americans with Disabilities Act.

PLEASE READ CAREFULLY

I hereby certify that the answers given and statements made on this application are true and correct. I hereby authorize all my previous employers, schools, references, any law enforcement agency, state agency, institution, information service bureau, or insurance company to furnish any information concerning my educational or employment history, driving history, worker's compensation claims, character, and work habits. I hereby release all such persons and institutions from liability or damages incurred as a result of inquiry and furnishing this information. I realize that misrepresentation of facts called for in this application will be cause for rejection of my application or dismissal after employment.

Applicant Name: _____ Signature: _____ Date: _____
Please Print

