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

Reset Form

12/2025

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, sex, national origin, age, disability, veteran status, genetic information or any other legally protected status.

Part I General Information

Name _____ Street Address _____ Town _____State _____ Zip Code _____

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

Preferred Name: _____ 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.
   - ❑ United Services Web Site
   - ❑ Classified ad in a newspaper: _____
   - ❑ United Services employee: _____
   - ❑ Other: _____
   - ❑ Posting at a college or university: _____
   - ❑ Internet employment site: _____
     If yes, please indicate the nature of your relationship: _____

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** ❑ yes ❑ 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** _____ _____ **To** _____ _____ **Mo** **Yr** **Mo** **Yr**	**Total Time Employed:** ____ **Years** ____ **Mo**nths	**Reason for Leaving**	

Employer	**Type of Business**	**Seasonal** ❑ yes ❑ 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** _____ _____ **To** _____ _____ **Mo** **Yr** **Mo** **Yr**	**Total Time Employed:** ____ **Years** ____ **Mo**nths	**Reason for Leaving**	

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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** _____ _____ **To** _____ _____ **Mo** **Yr** **Mo** **Yr**	**Total Time Employed:** ____ **Years** ____ **Mo**nths	**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 <u>Supervisory</u> references. Do not list co-workers, friends and/or family members as references.

Indicate if we can contact this reference (Y/N)	Company	Supervisor's Name	Supervisor's Title	Phone Number	Years worked

4. Have you been discharged from any of your last three jobs? ❑ yes ❑ no If yes, please explain:

<u>PLEASE NOTE</u> 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.

<u>PLEASE READ CAREFULLY</u>

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

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

Applicant Name: _____ Phone (___) _____
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 Native

☐ Asian/Pacific Islander ☐ Black (not of Hispanic origin)

For Administrative Use

Positions(s) applied for: _____ ☐ Current opening ☐ No current opening

Other positions(s) considered for: _____

Hired? ☐ Yes ☐ No Hire Date: _____

Position hired for: _____

Position Classification:

☐ Office and Clerical Workers ☐ Sales Workers ☐ Technicians

☐ Operatives (semi-skilled) ☐ Services Workers ☐ Laborers (unskilled)

☐ Craft Workers (skilled) ☐ Professionals ☐ Official and Managers

Additional Notes: _____

Completed by: _____ Date: _____