

UCP OF EASTERN CONNECTICUT, INC.

EMPLOYMENT APPLICATION

Work and General Experience: (Begin with present or most recent employment)

<u>Job Title</u>	<u>Company Name/Address</u>	<u>Date Started</u>	<u>Ended</u>	<u>Salary</u>
<u>Duties</u>				
<u>Reason left</u>	<u>Supervisors Name/Title</u>		<u>Phone</u>	

<u>Job Title</u>	<u>Company Name/Address</u>	<u>Date Started</u>	<u>Ended</u>	<u>Salary</u>
<u>Duties</u>				
<u>Reason left</u>	<u>Supervisors Name/Title</u>		<u>Phone</u>	

<u>Job Title</u>	<u>Company Name/Address</u>	<u>Date Started</u>	<u>Ended</u>	<u>Salary</u>
<u>Duties</u>				
<u>Reason left</u>	<u>Supervisors Name/Title</u>		<u>Phone</u>	

Note: If additional space is required, please attach sheets, using same format.

Licenses/Certifications/Registrations: _____ (This includes drivers, trade, educational/teaching, professional, etc., types of licenses, certifications, and/or registrations.)

Name	Purpose Kind	Issuing Jurisdiction	Effective Dates	Number

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REFERENCES

Please provide 3 work-related references. You must include name, address and phone numbers. Two must be supervisors.

Name	Company	Business Address	Business Phone

Please provide 2 personal references.

Name	Location	Business	Home Phone	Business Phone

Background: Your answers to the following questions are to be considered for employment purposes, as relevant to the position for which you are applying.

- A. Are you legally eligible for employment in the United States? (Proof of eligibility will be required upon hire.) Yes_____ No _____
- B. Are you 19 years of age or older? Yes _____ No _____
- C. Do you have a valid Driver's license and safe driving record? (record and documentation will be required) Yes_____ No _____
- D. Are you related to or do you know anyone at UCP? Yes_____ No_____ (if yes, who? _____)
- E. Has anyone referred you to UCP? Yes_____ No_____ (if yes, who? _____)
- F. Are you able to perform the functions of the job for which you are applying, with or without accommodation? Yes_____ No_____

If necessary, please explain your answers above:

UCP OF EASTERN CONNECTICUT, INC.

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**RELEASE OF INFORMATION AUTHORIZATION
To
UNITED CEREBRAL PALSY OF EASTERN CONNECTICUT**

I understand in processing my application information is obtained through personal reference checks and reference checks of previous employers. I authorize UCP of Eastern Connecticut to verify my past employment and education, personal references and other job related data provided on this application or given in the interview process. I authorize appropriate individuals, companies, institutions or agencies to release information about myself, releasing them from any liability as a result of such disclosures.

I agree that any decision to hire me is contingent upon the results of the reports. I also understand that false or misleading statements on this application or concealment of requested facts may be considered cause for dismissal .

Full Name: _____

**Other names used:
(Last 7 years)** _____

Signature: _____

Date signed: _____

**UCP of Eastern Connecticut, Inc.
42 Norwich Road
Quaker Hill, CT 06375
860/443-3800, Fax 860/443-8272**

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AUTHORIZATION FOR DRUG SCREENING

I hereby agree to undergo a drug screening test as part of the employment process at UCP of Eastern Connecticut and that a privately owned and independent laboratory will conduct this drug screening test in accordance with the requirements of Connecticut law, and that I will be given a copy of any positive test result. I also understand that the purposes of this screening test is to determine whether I have in the recent past used barbituates, heroin, cocaine, marijuana and other unlawful drugs, or controlled substances. I understand that an individual need not have used these substances in the immediate past to test positive. Certain substances remain within the body for varying lengths of time after the drug is taken.

I give my permission for the results of this drug screening test to be released to UCP of Eastern Connecticut. I understand that the results are confidential and will not be disclosed to any person other than employees of the company to whom such disclosure is necessary for determining my eligibility for employment.

I further understand that I will be terminated in the event the results are positive.

Applicant Signature

Date

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Applicant's Signature:

Read this application and your answers carefully before signing below.

"I certify that the statements made by me on all pages of this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly made any misstatements of facts, I am subject to dismissal, penalties, and/or disciplinary action. I also understand that my acceptance will be subject to a police background check, driver's check, DMR registry check, sex offender registry check, reference background check and a drug screen."

Signature _____ Date: _____

All applications will be kept on file for a one-year period. Every time a job opening occurs, applications will be reviewed automatically. Applications will be examined monthly and all "expired" forms will be removed and destroyed. If an applicant updates his or her application, the one-year clock will be restarted.

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DISCLOSURE AND AUTHORIZATION FOR THE RELEASE OF INFORMATION

United Cerebral Palsy of Eastern Connecticut will use Lexis Nexis, a consumer reporting agency (CRA) as an agent to perform its employment related background check. The agency will provide a written report of its findings to United Cerebral Palsy of Eastern Connecticut. I understand my prospective employer intends to utilize the investigation into my background for employment purposes only, and shall not disclose such information to any other party.

The above named CRA. may utilize various sources of information including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal Americans with Disabilities Act, Department of Motor Vehicle driving records, criminal records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to United Cerebral Palsy of Eastern Connecticut, and Lexis Nexis, a CRA.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that they may contain information about my background, mode of living, character, work history, personal characteristics, professional standing and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by United Cerebral Palsy of Eastern Connecticut if employment is denied because of information obtained from a CRA. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to United Cerebral Palsy of Eastern Connecticut. I further understand that when requesting a copy of the report, proper identification will be required and I may direct my request to Lexis Nexis. California residents will automatically receive a copy of the report within 7 days of delivery to the employer. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

*****PLEASE FILL OUT THIS FORM COMPLETELY*****

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES____ NO____ (If "YES", in what State? _____Year ____)

Print Name: _____

List ALL other first & last names ever used: _____
(PRINT NAME) (YEAR LAST USED) (PRINT NAME) (YEAR LAST USED)

Soc. Sec. # _____ Date of Birth _____

Driver's License #: _____ State Issued: _____ Expires _____

CURRENT Street Address: _____

City _____ State _____ Zip _____ How long at address? _____

PREVIOUS Address: _____

City _____ State _____ Zip _____ How long at address? _____

Last School/College Attended _____ State ____ Last Year Attended _____

Did you Graduate? _____ If you graduated, indicate __ Certificate __ GED __ Diploma __

Registered and/or Graduated under what name? _____

Applicant's Signature: _____ Date: _____