

Uncas Health District
401 West Thames Street, Ste. #106
Norwich, CT 06360-7155
(860) 823-1189
(860) 887-7898 (fax)

An Equal Opportunity Employer

Uncas Health District (the "District") is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation, physical or mental disability, learning disability, or genetic predisposition or carrier status or any other category protected under applicable federal or state law.

APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Position(s) Applying for:

INSTRUCTIONS (PLEASE READ CAREFULLY)

1. Obtain a copy of the Job Description before completing this application. Carefully review the job requirements listed. In order to apply for the position you must meet the minimum qualifications listed on the Job Description and follow the instructions on this application.
2. Applications must be received by the District by the closing date. Late or incomplete application packages will not be accepted. Please answer all questions completely. Resumes may be included as a supplement to the application but will not substitute for any information required on the application form.
3. Applications are only accepted for open positions. An application received for a position not open will not be considered for employment.
4. Give complete and accurate information about your training and experience as it relates to the minimum qualifications.
5. Bring, send or fax your application and any required materials or certifications to the address above. Retain a copy of your application package for your records.

GENERAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address _____
(Street/Apt #) (City) (State) (Zip)

Home Telephone: _____ Work Telephone: _____
(Area Code) (Area Code)

Cellular Telephone: _____ E-mail Address: _____
(Area Code)

May we call you at work? YES NO Best daytime contact: Home Work Cell

Are you now, or have you ever been employed by Uncas Health District? YES NO If yes, please give dates of employment and job title. _____

Are you now, or have you ever been employed by the State of Connecticut? YES NO If yes, please give dates of employment and job title. _____

Are you now, or have you ever been employed by a city, town, or borough in the State of Connecticut? YES NO If yes, please give dates of employment and job title. _____

Are you currently authorized to work in the United States? Yes No

Note: If you are hired, you will be required to submit verification of identity and employment eligibility.

Date available to begin work: _____

Note: This application will be kept active for six (6) months. If you have not heard from the District within this time and still wish to be considered for employment, it will be necessary to fill out a new application.

EMPLOYMENT HISTORY

Beginning with your PRESENT OR MOST RECENT employment experience and **working backward**, list all positions held. List all positions (Name/Titles) separately, even if with the same employer. Clearly describe the work (duties) you personally performed. If additional space is required, attach an 8 1/2 x 11" sheet, **using the same format and include your name**. Salary/Wage information should be the last rate at time of separation. Please complete in full; do not simply cross-reference a resume.

(Start with most recent job)

Official Job Name/Title _____ Employer's Name _____

Name/Title of Immediate Supervisor _____ Dept. Where Assigned _____

Business Address/Phone # _____

Employed From / / TO / / Salary or Wage \$ _____ per _____ Hours per week _____
(mo/yr) (mo/yr)

Reason for leaving: _____

DUTIES (must be listed): _____

Official Job Name/Title _____ Employer's Name _____

Name/Title of Immediate Supervisor _____ Dept. Where Assigned _____

Business Address/Phone # _____

Employed From / / TO / / Salary or Wage \$ _____ per _____ Hours per week _____
(mo/yr) (mo/yr)

Reason for leaving: _____

DUTIES (must be listed): _____

Official Job Name/Title _____ Employer's Name _____

Name/Title of Immediate Supervisor _____ Dept. Where Assigned _____

Business Address/Phone # _____

Employed From / / TO / / Salary or Wage \$ _____ per _____ Hours per week _____
(mo/yr) (mo/yr)

Reason for leaving: _____

DUTIES (must be listed): _____

Official Job Name/Title _____ Employer's Name _____
 Name/Title of Immediate Supervisor _____ Dept. Where Assigned _____
 Business Address/Phone # _____
 Employed From ___/___ TO ___/___ Salary or Wage \$_____ per _____ Hours per week _____
 (mo/yr) (mo/yr)
 Reason for leaving: _____
 DUTIES (must be listed): _____

Have you ever been dismissed from employment for incompetency, delinquency, misconduct or neglect of duty?
 No Yes
 If "Yes," please attach a detailed explanation on a separate piece of paper.

EDUCATION					
Indicate Last Grade Completed	Name and Address of High School Last Attended			Did you graduate or was G.E.D. awarded:	
	Address			Circle One	YES
Name of College Business or Technical Schools Attended	Address	Did you Graduate?	Number of Credits Completed	Type of Degree Received	List Major Subject

If you have any additional education or experience, or have taken SPECIAL COURSES or have a REQUIRED SPECIAL LICENSE, list these below. Please specify where the education, license, certification or experience was acquired and the total number of hours involved and certification number (if applicable).

REFERENCES

Provide the following information regarding three (3) persons not related to you whom you have known longer than one (1) year:

NAME	ADDRESS AND TELEPHONE NO.	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

MILITARY SERVICE

Have you ever served in the Armed Forces? ___ Yes ___ No If so, please list your Branch and Rank Attained:

Did your military experience impart skills and experience pertinent to the position for which you are applying?

___ Yes ___ No

If yes, please describe the relevant skills and experience: _____

CRIMINAL CONVICTIONS

Answers to the following question will be considered for employment purposes if relevant to the position(s) for which you are applying. Convictions will not necessarily bar you from employment; factors such as recency and rehabilitation will be considered.

Special Note: You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-760, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you shall be deemed to never have been arrested within the meaning of the General Statutes with respect to the proceedings so erased and you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-760), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)

No Yes If "YES," please attach a detailed explanation about date and the nature of the conviction or charge, state and/or jurisdiction, degree of rehabilitation and time since release.

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information on this application and any other material provided by me is true, complete, and correct to the best of my knowledge. I represent that I have withheld nothing which, if disclosed, would affect this application unfavorably. I understand that any false statement, misrepresentation or omission made by me on my application, resume, or any other materials I have submitted, or during my interviews, can result in denial of employment or, if I am already employed when such false statement, misrepresentation or omission is discovered, immediate termination of my employment.

I authorize the District to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer, educational institution, or individual listed as a reference in this application to provide information about me to the District, and I agree to hold the District and any such former employer, educational institution, or individual harmless from any claims made by me on the basis of providing such information. I further agree that the District and any such former employer, educational institution, or individual shall not be held liable in any respect if a job offer is not extended or is withdrawn by the District, or if my employment is terminated due to information provided in response to this application.

I further authorize the District to conduct a consumer credit check and/or criminal convictions check. I understand that as part of the procedure for my employment application, an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. I understand that consideration of my application for employment is contingent upon my execution of a separate document authorizing the District to obtain such reports.

I understand that the Immigration Reform and Control Act of 1986 require that, if hired, I must furnish appropriate documentation to the District establishing my identity and employment eligibility. If offered a position by the District, I agree to provide the District documents which verify my identity and right to work in the United States within 72 hours of commencing employment as a condition of my employment.

I understand that nothing in this employment application, the granting of an interview for employment, any offer of employment, nor any personnel manuals or forms used by the District, create an employment contract between me and the District. I further understand that no supervisor, manager or representative of the District has any authority to enter into any agreement to employ me for any specified period of time.

In the event of my employment with the District, I agree to comply with all District rules and regulations. I hereby acknowledge that I have read, understand and agree to the above statements.

Signature: _____ *Date:* _____

Please print name here: _____

CONSUMER REPORT DISCLOSURE STATEMENT AND AUTHORIZATION

By this document, Uncas Health District discloses to you that a consumer report, including, without limitation, an investigative consumer report, containing information as to your character, general reputation, personal characteristics, driving history, mode of living, and other related matters, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Information provided in consumer reports may be used for any purpose, including, without limitation, eligibility for continued employment, promotion, assignment, or discipline. Should an investigative consumer report be requested, you will have, pursuant to the Fair Credit Reporting Act, the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. In addition, Uncas Health District shall provide you with a copy of a Consumer Report, and you will be provided a description of your rights under the Fair Credit Reporting Act, prior to denying you employment or taking other adverse action based upon information contained in such a report.

I hereby authorize Uncas Health District to procure any consumer reports, including, without limitation, investigative consumer reports, as part of the District's pre-employment background investigation. If I am hired, this authorization shall also serve as ongoing authorization for the District to procure consumer reports, including investigative consumer reports, at any time during my employment.

Name: _____ Other names under which you have been employed:

Address: _____ Social Security Number: _____

Signature _____ Date: _____

If you are hired, a copy of this authorization will be retained in your personnel file.

