



# Application

**United Counseling Service of Bennington County, Inc.**

100 Ledge Hill Drive, P.O. Box 588, Bennington, Vermont 05201

Telephone: 802-442-5491

Fax: 802-442-3363

## APPLICANT INFORMATION

<b>Date of Application</b>		<b>Social Security No.</b>	
<b>Name</b>		<b>Daytime Telephone</b>	
		<b>Evening Telephone</b>	
<b>Address</b>		<b>Who referred you to UCS?</b>	
		<b>Indicate your availability to work</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Overnights <input type="checkbox"/> On-Call <input type="checkbox"/> Holidays <input type="checkbox"/> Temporary
<b>Type of Application</b>	<input type="checkbox"/> Employment <input type="checkbox"/> Field Placement (Internship) <input type="checkbox"/> Volunteer		
<b>Yes ___ No ___</b>	Have you ever been employed by UCS?		
<b>Yes ___ No ___</b>	Are you a U.S. citizen or are you legally authorized to work in the United States?		
<b>Position for which you are applying</b>			

**UNITED COUNSELING SERVICE OF BENNINGTON COUNTY, INC. (UCS) IS AN EQUAL OPPORTUNITY EMPLOYER who complies with all laws related to fair employment practices. UCS does not discriminate in its service delivery or employment decisions on the basis of race, religion, color, national origin, gender, sexual orientation, ancestry, place of birth, age, disability, veteran status, marital status, HIV status, citizenship, or any other legally protected status.**

**If you need any assistance or accommodation in completing the application for or any part of the interview process, please contact the United Counseling Service Human Resource office.**

**At the time of hire, the following documentation must be provided to United Counseling Service:**

- Copy of valid driver's license
- Copy of auto insurance card
- Proof of authorization to work in the U.S. as required by U.S. Dept. of Immigration and Naturalization

**FAILURE TO COMPLETE ALL PARTS OF THIS APPLICATION WILL DELAY CONSIDERATION OF YOUR EMPLOYMENT WITH UNITED COUNSELING SERVICE.**

## EDUCATION

	<b>Name / City / State</b>	<b>Major or Course of Study</b>	<b>Diploma / Degree / Last year Completed</b>
<b>High School</b>			
<b>Undergraduate College</b>			
<b>Graduate / Professional</b>			
<b>Other (specify)</b>			

**EMPLOYMENT EXPERIENCE**  
 COMPLETION OF ALL INFORMATION IS REQUIRED

**DO NOT WRITE "PLEASE SEE RESUME"**  
**ALL INFORMATION MUST BE ON THIS FORM**

Employer _____ Address _____ Telephone _____ Job Title _____ Supervisor _____ May we contact? _____ Reason for Leaving _____ Name while employed _____	Dates Employed _____ To _____  Hourly Rate or Annual Salary Starting \$ _____  Final \$ _____	Work Performed _____ _____ _____ _____ _____
Employer _____ Address _____ Telephone _____ Job Title _____ Supervisor _____ May we contact? _____ Reason for Leaving _____ Name while employed _____	Dates Employed _____ To _____  Hourly Rate or Annual Salary Starting \$ _____  Final \$ _____	Work Performed _____ _____ _____ _____ _____
Employer _____ Address _____ Telephone _____ Job Title _____ Supervisor _____ May we contact? _____ Reason for Leaving _____ Name while employed _____	Dates Employed _____ To _____  Hourly Rate or Annual Salary Starting \$ _____  Final \$ _____	Work Performed _____ _____ _____ _____ _____
Employer _____ Address _____ Telephone _____ Job Title _____ Supervisor _____ May we contact? _____ Reason for Leaving _____ Name while employed _____	Dates Employed _____ To _____  Hourly Rate or Annual Salary Starting \$ _____  Final \$ _____	Work Performed _____ _____ _____ _____ _____
Employer _____ Address _____ Telephone _____ Job Title _____ Supervisor _____ May we contact? _____ Reason for Leaving _____ Name while employed _____	Dates Employed _____ To _____  Hourly Rate or Annual Salary Starting \$ _____  Final \$ _____	Work Performed _____ _____ _____ _____ _____

If additional space is required, please use separate sheet.

**PROFESSIONAL LICENSURE OR CERTIFICATION**

Do you have now or have had in the past any type of professional licensure or certification?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please complete:		
Type of License or Certification		
State Issued		
Date Issued		
Expiration Date		
License or Certification Number		
Are you eligible for any professional licensure or certification?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type:		
Have you ever had a professional license suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____		
_____		
_____		

**DRIVER RECORD INFORMATION**

UCS policy requires a valid driver's license and minimum liability insurance coverage on personal vehicles used for almost all UCS positions. Driver's license checks are done at the time of hire and on a regular basis thereafter to comply with agency regulations.

Do you currently possess a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any violations including DUI, DWI, DWAI, careless and negligent accidents, speeding tickets, or license suspension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	
_____	
_____	

**ADDITIONAL BACKGROUND INFORMATION**

Have you ever been convicted or had findings substantiated against you for acts related to emotional, physical or sexual abuse, mistreatment or neglect?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, pleaded guilty to, or entered a plea of <i>noto contendere</i> or similar pleas to any criminal offense (felony or misdemeanor), including a military court? Conviction of a criminal offense will not necessarily disqualify you from employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you excluded from participating in any federal or state health care program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been formally discharged or been asked to resign by any former employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For any "yes" answer, please state the complete details here: _____	
_____	
_____	
_____	

**PLACES OF RESIDENCE**

Please list your places of residence for the last ten (10) years.

Street	City	State	Zip	County	How Long There?

**OTHER REFERENCES**

Three to five (3-5) professional/work related references are preferred. Personal or character references are acceptable if work references have been exhausted. PLEASE DO NOT LIST REFERENCES ALREADY PROVIDED IN EMPLOYMENT HISTORY. ALSO, PLEASE DO NOT LIST RELATIVES.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP	TIME KNOWN

**PRE-EMPLOYMENT AUTHORIZATION AND RELEASE**

I understand that United Counseling Service, or affiliates, will investigate my work history and verify all data, including educational degrees and diplomas, given on my application, resume, related documents and in interviews. I have the right to request that United Counseling Service of Bennington County, Inc. (UCS), or its agents disclose to me the nature and scope of the investigation requested. Such a request must be made in writing to UCS, Human Resource Dept. within a reasonable period of time after completion of this Release and Authorization form.

I authorize such inquiries connected with my application for employment, internship, contract for services, or volunteer work and I understand these may include information as to my education, character, work habits, performance, experience and qualifications, reasons for terminations from previous employers and other information deemed necessary in arriving at an employment/contract/volunteer decision. I may also be asked to complete certain job related tests of my relevant skills and aptitudes.

I AGREE THAT THIS INFORMATION IS PROVIDED AT MY REQUEST AND FOR MY BENEFIT. I HOLD ANY PERSONS OR ORGANIZATIONS HARMLESS, AND DO HEREBY RELEASE THEM FROM ANY AND ALL LIABILITY FOR DAMAGE OF ANY NATURE FOR FURNISHING ANY OF THE ABOVE MENTIONED INFORMATION.

I understand that it is the policy of United Counseling Service to prohibit employment of individuals with substantiated findings against them or a conviction of abuse, mistreatment or neglect. I further understand that UCS may restrict the hiring for certain positions of individuals who have convictions related to bodily injury, theft or misuse of funds or property. Therefore, I certify that

- I have not had substantiated findings against me or convictions of abuse, mistreatment or neglect of individuals placed under my care.
- I have not been convicted of or engaged in any offense(s) involving violence or inappropriate behavior with others.
- I am not excluded from participating in any federal or state health care program.

I understand that UCS and affiliates follow an “employment-at-will” policy during an assessment period which, for most positions, is six months. This means that I or UCS may terminate my employment at any time, with or without cause, consistent with applicable state and federal laws. I understand that if I am hired into a director position that the “at-will” policy will extend for the length of my employment. I understand that for non-director positions I must execute an arbitration benefit agreement as a condition of employment to become effective at the time of successful completion of the assessment period. I also understand that I will be required to sign and abide by a UCS Standard of Ethical and Professional Behavior.

I certify that all statements made by me on this application, resume, related documents and in interviews are complete and true to the best of my knowledge. I further understand that any falsification or omissions may result in refusal of employment or dismissal. If employed, I will abide by all rules, policies and regulations of United Counseling Service.

Print Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Signature

Date



United Counseling Service of Bennington County  
100 Ledge Hill Drive  
Bennington, VT 05201

**DISCLOSURE**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal or police records, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained for employment purposes at any time. An investigative consumer report is a consumer report that contains information obtained from interviews with your neighbors, friends or associates. Upon timely written request to the Human Resources Department of United Counseling Service of Bennington County, Inc., and within 5 days of the request, the nature and scope of any investigative consumer report obtained will be disclosed to you.

**APPLICANT RELEASE AND AUTHORIZATION FORM**

I understand that United Counseling Service, or affiliates, will investigate my work history and verify all data, including educational degrees and diplomas, given on my application, resume, related documents and in interviews. I have the right to request that United Counseling Service of Bennington County, Inc. (UCS), or its agents, disclose to me the nature and scope of the investigation requested. Such a request must be made in writing to UCS, Human Resources Department within a reasonable period of time after completion of this release and authorization form.

I hereby authorize United Counseling Service of Bennington County, Inc., or authorized representatives of the agency bearing this release or copy thereof, to obtain any information pertaining to my employment, military, credit, criminal, driving record, workers' compensation claims, or education records. I hereby direct you to release such information upon request of United Counseling Service of Bennington County, Inc., or other authorized representatives of the agency.

I hereby fully release and discharge my prospective employer or other authorized representatives of the company, their respective affiliates, employees, agents, attorneys, and any individual organization, entity, agency or other source providing information to my prospective employer from all claims and damages arising out of our relating to any investigation of my background for employment purposes. I acknowledge that a telephonic facsimile or photographic copy shall be as valid as the original.

Please Print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License No. \_\_\_\_\_

State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Signature