



Employment Application
 United Counseling Service
 100 Ledge Hill Drive, P.O. Box 588
 Bennington, Vermont 05201

APPLICANT INFORMATION

Date of Application		Mobile Phone					
Name		Home Phone					
Address		How did you learn about this vacancy?					
		Are you available to work: →	<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				
Yes ___ No ___ (If offered employment, you will be required to provide documentation to verify eligibility).	Are you legally eligible for employment in the United States?						
Yes ___ No ___	Have you ever been employed by UCS? If yes, please specify position and dates:	Hourly Rate/Salary desired:					
Position(s) for which you are applying.							
Days and Hours Available							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

UNITED COUNSELING SERVICE OF BENNINGTON COUNTY, INC. (UCS) IS AN EQUAL OPPORTUNITY EMPLOYER who complies with all applicable federal and state laws related to fair employment practices. To the extent required by these laws, UCS does not discriminate in its employment decisions on the basis of race, color, ancestry, religion, sex, gender identity, sexual orientation, age, marital/civil union status, national origin, citizenship, place of birth, military/uniformed service or veteran status, disability, genetic information, having a positive test result on an HIV related blood test or other legally-protected classification.

EDUCATION	Name and Address of School	Area of Study	No. of Years Completed	Diploma, G.E.D. or Degree Received
High School				
College and/or Vocational School				
Graduate School				
Other Training or Degrees				

EMPLOYMENT: Start with your current or most recent position, including U.S. Uniformed Services

<p>Employer _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Job Title _____</p> <p>Supervisor _____</p> <p>Reason for Leaving _____ Name while employed _____</p>	<p>Dates Employed _____ To _____</p>	<p>Work Performed _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Employer _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Job Title _____</p> <p>Supervisor _____</p> <p>Reason for Leaving _____ Name while employed _____</p>	<p>Dates Employed _____ To _____</p>	<p>Work Performed _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Employer _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Job Title _____</p> <p>Supervisor _____</p> <p>Reason for Leaving _____ Name while employed _____</p>	<p>Dates Employed _____ To _____</p>	<p>Work Performed _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Employer _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Job Title _____</p> <p>Supervisor _____</p> <p>Reason for Leaving _____ Name while employed _____</p>	<p>Dates Employed _____ To _____</p>	<p>Work Performed _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Employer _____</p> <p>Address _____</p> <p>Telephone _____</p> <p>Job Title _____</p> <p>Supervisor _____</p> <p>Reason for Leaving _____ Name while employed _____</p>	<p>Dates Employed _____ To _____</p>	<p>Work Performed _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

PROFESSIONAL LICENSURE OR CERTIFICATION

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

DRIVER RECORD INFORMATION

UCS requires a valid driver's license and minimum liability insurance coverage on personal vehicles used for most positions.

Do you currently possess a valid driver's license?	_____ Yes _____ No
Does your driver record include any moving violations, including speeding violations and/or have you ever had your drivers' license suspended or revoked?	_____ Yes _____ No

ADDITIONAL BACKGROUND INFORMATION

Have you had your name placed on any registry of substantiated abuse case findings?	_____ Yes _____ No
Are you excluded from participating in any federal or state health care program?	_____ Yes _____ No
Have you ever been formally discharged or been asked to resign by any former employer?	_____ Yes _____ No
For any "yes" answer, please explain: _____ _____ _____ _____ _____	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please explain: _____ _____ _____ _____

REFERENCES

Please list three to five (3-5) professional references. Personal or character references are acceptable if work references have been exhausted. Do not list relatives as references.

Reference Name	Telephone	E-mail Address	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 Pre-Employment Authorization and Release.

I authorize such inquiries connected with my application for employment or internship 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/internship 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:

- Questions about criminal history may be asked of applicants who are interviewed;
- Criminal records may be sought for successful applicants in certain positions as required by law or as determined by the Agency;
- A history of specific criminal convictions will legally disqualify an individual for employment in certain positions; and
- Generally, a history of criminal convictions may be assessed for relevance to qualification for positions within the Agency.

I understand that UCS and affiliates follow an "employment-at-will" policy. 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 I will be required to sign and abide by the UCS Standard of Ethical and Professional Behavior and Information Technology (IT) Guidelines.

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 volunteer placement, internship or employment; or dismissal. If employed, I will abide by all rules, policies and regulations of United Counseling Service.

Print Name: _____

Address: _____

Signature: _____

Date: _____