

APPLICATION FOR EMPLOYMENT

APP1 REV 08/22/11

**STATE OF CONNECTICUT
UNIVERSITY OF CONNECTICUT HEALTH CENTER**

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: Type or Print answers to ALL questions. All information will be retained on a confidential basis by the Human Resources Department. Mail to : UCONN HEALTH CENTER, HUMAN RESOURCES, PO BOX 4035, FARMINGTON, CT 06034-4035

Please be advised that all employment appointments are subject to clearance through Criminal Background and Federal Sanctions checks.

COMPLETE AND SIGN ON OTHER SIDE

WHERE DID YOU LEARN ABOUT UCONN HEALTH CENTER EMPLOYMENT?

Internet Other _____ Employee Referral - Name: _____

POSITION APPLYING FOR	SEARCH CODE	HR OFFICER	AVAILABILITY	<input type="checkbox"/> PERMANENT <input type="checkbox"/> FULL TIME HOURS <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME FROM _____ am / pm <input type="checkbox"/> SUMMER TO _____ am / pm
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NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER
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STREET	CITY	STATE	ZIP CODE
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Area Code/Home Phone Number	Area Code/Work Phone Number	Cellular Phone Number	Email Address
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<p>DEMOGRAPHIC INFORMATION: In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be considered in the evaluation of your application but is essential for the University of Connecticut Health Center to meet its statutory reporting obligation.</p>	<p>SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>RACE: <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native</p> <p> <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander</p> <p> <input type="checkbox"/> White</p>
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ARE YOU ELIGIBLE TO WORK IN THE UNITES STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IMMIGRATION STATUS?	HAVE YOU EVER WORKED FOR THE STATE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ARE YOU PRESENTLY A PERMANENT STATE EMPLOYEE? <input type="checkbox"/> YES (complete section a through d below) <input type="checkbox"/> NO ARE YOU PRESENTLY A TEMPORARY STATE EMPLOYEE? <input type="checkbox"/> YES (DO NOT complete section below) <input type="checkbox"/> NO

a. YOUR CLASS TITLE	b. IS THIS A FULL TIME POSITION?
c. AGENCY	d. BUREAU, DIVISION OR DEPARTMENT WITHIN THE AGENCY

HAVE YOU TAKEN AND PASSED ANY STATE EXAMS? YES NO IF YES, PLEASE ATTACH A COPY OF EXAM RESULTS.

LANGUAGE ABILITY: (Voluntary unless required by exam announcement) Do you speak, read, or write a language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Specify:	DO YOU HAVE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EDUCATION: HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A DIPLOMA? YES NO IF NO, CIRCLE HIGHEST GRADE COMPLETED

SCHOOL	NAME	ADDRESS	DATES ATTENDED FROM/TO MM/YY	FULL OR PART TIME	TOTAL CREDIT HOURS	TYPE OF DEGREE RECEIVED	MAJOR COURSE OF STUDY	DID YOU GRADUATE?
TECHNICAL OR BUSINESS								
COLLEGE, UNIVERSITY								
OTHER SCHOOLS, COURSES, TRAINING								

DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY OTHER LICENSES, REGISTRATIONS, OR CERTIFICATES, REQUIRED FOR THIS POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">TYPE</th> <th style="width:30%;">ISSUED BY</th> <th style="width:20%;">DATE</th> <th style="width:20%;">NO.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	TYPE	ISSUED BY	DATE	NO.				
TYPE	ISSUED BY	DATE	NO.						
	Have there ever been any actions against your professional license(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF THE ANSWER IS "YES" please attach a detailed explanation about the nature of the action and current status.								

A. GENERAL EXPERIENCE: Beginning with PRESENT OR MOST RECENT employment or volunteer experience and working backward, list all positions held. List all positions (titles) separately even if for 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. Continue the number sequence for additional jobs listed.

OFFICIAL JOB TITLE 1)		DEPARTMENT WHERE ASSIGNED		TYPE OF BUSINESS	
TITLE OF IMMEDIATE SUPERVISOR		COMPANY NAME		BUSINESS ADDRESS	
EMPLOYED FROM (MO., YR)	TO (MO., YR.)	TOTAL (MOS., YRS)	SALARY OR WAGE	<input type="checkbox"/> FULL TIME	HOURS PER WEEK
NO. OF EMPLOYEES SUPERVISED		TYPE OF EMPLOYEES SUPERVISED (e.g. Clerical or Technical)		REASON FOR LEAVING	
DUTIES					

OFFICIAL JOB TITLE 2)		DEPARTMENT WHERE ASSIGNED		TYPE OF BUSINESS	
TITLE OF IMMEDIATE SUPERVISOR		COMPANY NAME		BUSINESS ADDRESS	
EMPLOYED FROM (MO., YR)	TO (MO., YR.)	TOTAL (MOS., YRS)	SALARY OR WAGE	<input type="checkbox"/> FULL TIME	HOURS PER WEEK
NO. OF EMPLOYEES SUPERVISED		TYPE OF EMPLOYEES SUPERVISED (e.g. Clerical or Technical)		REASON FOR LEAVING	
DUTIES					

OFFICIAL JOB TITLE 3)		DEPARTMENT WHERE ASSIGNED		TYPE OF BUSINESS	
TITLE OF IMMEDIATE SUPERVISOR		COMPANY NAME		BUSINESS ADDRESS	
EMPLOYED FROM (MO., YR)	TO (MO., YR.)	TOTAL (MOS., YRS)	SALARY OR WAGE	<input type="checkbox"/> FULL TIME	HOURS PER WEEK
NO. OF EMPLOYEES SUPERVISED		TYPE OF EMPLOYEES SUPERVISED (e.g. Clerical or Technical)		REASON FOR LEAVING	
DUTIES					

B. COMPUTER SKILLS: Please check the appropriate box(es):

<input type="checkbox"/> Access	<input type="checkbox"/> Computer Programming (specify) _____	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Excel	<input type="checkbox"/> Internet
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Typing (wpm) _____	<input type="checkbox"/> Other (please specify) _____	

CERTIFICATION: I certify that the statements made by me on this application are COMPLETE (except for voluntary Statements as so labeled) and TRUE to the best of my knowledge and belief and are made in good faith. I understand that if I knowingly make any misstatement of facts, I am subject to disqualification or dismissal and to such other penalties as may be prescribed by law, policy, or regulations. Read this application and your answers CAREFULLY before signing.
This application is NOT COMPLETE without a signature.

SIGNATURE

DATE



I _____ of _____ hereby authorize the
(name) (address)
University of Connecticut Health Center, its agents and employees (hereinafter collectively referred to as UCHC) to obtain any and all information, whether written or oral, from my previous employer(s), references, or from any other source which the UCHC reasonably believes can provide information relative to my suitability for employment at the UCHC.

In consideration for the processing and review of my employment application, I agree to release and hold harmless both the UCHC and any source of said information from and against any and all claims arising out of my application for employment by the UCHC, including but not limited to claims for breach of privacy resulting from the disclosure of information as the result of my application for employment.

A copy of this authorization and release shall have the same force and effect as an original.

Date: _____ Applicants Signature: _____

Search Code(s): _____ Recruiter's Name: _____

SUGGESTED CONTACTS: References should include (but are not limited to) employers, supervisors, co-workers, professors, and/or teachers who are willing and able to comment about your skills and abilities as they may pertain to the position you have applied for. Indicate the name and professional title of the person you are listing as a reference. Ex: Manager, Supervisor. It is suggested that you contact your references to be sure you are providing accurate contact information.

	Name & Professional Title	Business/Association/Organization	Phone number w/ Area Code &/or E-Mail Address
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____

Are you eligible to work in the United States? Yes No

Have you ever been excluded, debarred, restricted, disqualified, or sanctioned from any federal, state or government programs or organizations? Yes No If Yes, explain: _____

My signature verifies that all information provided by me relative to my submission for employment consideration is true and accurate to the best of my knowledge. I understand that submission of information that is not true or accurate may be grounds for disqualification and/or separation.

Signature

Date