Employment Application

Mental Health Sponsored Residential Services • Children & Adolescents

Thank you for your interest in joining United Community Services. Our team supports youth ages 7–17 in family-style Sponsored Residential homes, and the people we hire shape every part of that work. Please complete every section of this application; incomplete applications cannot be processed. UCSI is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, veteran status, or any other protected characteristic. If you have questions or need assistance, please contact us at **(757) 573-3191** or **admin@ucsiglobal.org**.

Section A — Position Applied For

Position Title:			
Position Type:	☐ Sponsor Parent ☐ Relief Sponsor Parent ☐ Sponsored Professional Coordinator ☐ Risk Manager ☐ Other: _____		
Date Available to Start:		**Salary / Wage Desired:**	
Employment Sought:	☐ Full-time ☐ Part-time ☐ PRN / As-needed		
How did you hear about this position?			

Section B — Personal Information

Legal Name (Last, First, MI):		**Date of Birth:**	
Preferred Name:		**Age:**	
Social Security #:		**Driver's License #:**	
DL State / Expiration:		**Street Address:**	
City / State / ZIP:		**County:**	
Home Phone:		**Cell Phone:**	
Email:		**Preferred Contact:**	

Are you legally authorized to work in the United States? ☐ Yes ☐ No (Form I-9 verification required at hire)

Are you 18 years of age or older? ☐ Yes ☐ No

For Sponsor Parent applicants only — Are you 25 years of age or older? ☐ Yes ☐ No (Required by 12VAC35-105-1235.7)

Section C — Emergency Contact

Name:		**Relationship:**	
Phone:		**Alternate Phone:**	
Address:		**City / State / ZIP:**	

Section D — Education

List all education from high school forward. Attach diplomas, transcripts, or certificates as available.

Level	Name & Location	Years	Diploma / Degree	Major / Field
High School / GED				
College / University				
Graduate				
Vocational / Other				

Section E — Certifications & Training

Required for direct-care and sponsor parent roles per 12VAC35-105-450 and -1180.C.5. Attach copies of current certificates.

Certification / Training	Status	Issuing Org / Cert #	Expires
CPR (current)	Required for direct care		
First Aid (current)	Required for direct care		
Medication Administration Training (MAT)	Required for sponsors / med-admin staff		
Behavioral Interventions training (e.g., TOVA, MANDT, CPI)	Required for sponsors / direct care		
TB Screening (within 30 days of contact w/ youth)	Required — § 32.1-49.1 / 12VAC35-105-440		
Mental Health First Aid	Preferred		
QMHP / QMHP-C / CSAC registration	If applicable		
LMHP / LCSW / LPC / LMFT	If applicable		

Section F — Employment History

List the last 10 years of employment beginning with your most recent position. Account for any gaps of 30 days or more. Attach additional sheets if needed.

Position 1			
Employer:		**Phone:**	
Address:			
Job Title:		**Supervisor:**	
Dates (From – To):		**Ending Wage:**	
Reason for Leaving:			
Duties / Responsibilities:			
May we contact this employer? ☐ Yes ☐ No If No, please explain:			

Position 2			
Employer:		**Phone:**	
Address:			
Job Title:		**Supervisor:**	
Dates (From – To):		**Ending Wage:**	
Reason for Leaving:			
Duties / Responsibilities:			
May we contact this employer? ☐ Yes ☐ No If No, please explain:			

Position 3			
Employer:		**Phone:**	
Address:			
Job Title:		**Supervisor:**	
Dates (From – To):		**Ending Wage:**	
Reason for Leaving:			
Duties / Responsibilities:			
May we contact this employer? ☐ Yes ☐ No If No, please explain:			

Explain any gaps in employment of 30 days or more:

Section G — Experience with Children & Youth

Required for sponsor parent and direct-care positions per 12VAC35-105-1180.C.5.

Describe your experience caring for or working with children and adolescents (paid, volunteer, family, or community):

Describe any experience with youth who have mental health, behavioral, developmental, or trauma-related needs:

Why do you want to work with the youth UCSI serves?

Section H — Professional References

Three job-related references required — 12VAC35-105-1180.D. References must not be family members.

Reference 1			
Name:		**Relationship:**	
Organization:		**Years Known:**	
Phone:		**Email:**	

Reference 2			
Name:		**Relationship:**	
Organization:		**Years Known:**	
Phone:		**Email:**	

Reference 3			
Name:		**Relationship:**	
Organization:		**Years Known:**	
Phone:		**Email:**	

Section I — Sponsor Parent Supplemental (if applicable)

Complete only if applying as a Sponsor Parent. Required by 12VAC35-105-1160, -1180, -1200, -1230, and -1235.

Co-Sponsor Name (if any):		**Co-Sponsor Age:**	
Sponsor Home Address:		**City / State / ZIP:**	
Type of Residence:		**Own / Rent:**	
# of Bedrooms:		**# Available for Youth:**	
Maximum Youth You Can Serve (max 2 per -1230):		**Total Household Occupants (max 7):**	

List ALL other persons currently residing in the home (per 12VAC35-105-1160 and -1180.E):

Name	Age	Relationship	Occupation / School	Adult? (Y/N)

Required attestations for sponsor parent applicants (mark Yes or No):

☐ Yes ☐ No I am at least 25 years old (12VAC35-105-1235.7).

☐ Yes ☐ No I can provide care and supervision during non-school hours (12VAC35-105-1235.8).

☐ Yes ☐ No I have the financial capacity to meet my own household expenses for at least 90 days independent of payments received for residents (12VAC35-105-1180.C.4).

☐ Yes ☐ No My home is NOT also operating as a group home, DSS-approved home, or foster home (12VAC35-105-1180.G).

☐ Yes ☐ No I agree to allow the provider to conduct quarterly home inspections, including at least two unannounced inspections per year (12VAC35-105-1190.E).

☐ Yes ☐ No I agree to keep a daily log of behavioral and other child-specific information (12VAC35-105-1235.4).

☐ Yes ☐ No I agree to participate in 25 hours of in-service training per year plus quarterly training (12VAC35-105-1235.5).

☐ Yes ☐ No I agree to allow right-of-entry to DBHDS licensing specialists and human rights advocates (12VAC35-105-1170.B).

Section J — Driving & Transportation

Required for sponsors and any staff who may transport youth (12VAC35-105-1180.C.5 and -1200.C).

Will you transport youth receiving services? ☐ Yes ☐ No

Driver's License #:		**State / Expiration:**	
Vehicle Make / Model:		**Year:**	
Vehicle Registration #:		**Inspection Exp:**	
Auto Insurance Carrier:		**Policy #:**	
Policy Expiration:		**Liability Limits:**	
Will vehicle be used to transport youth?		**Seat capacity:**	

In the past 5 years, have you had any moving violations, license suspensions, or DUI/DWI? ☐ Yes ☐ No If Yes, explain:

Section K — Background Check Disclosures

UCSI is required by Va. Code § 37.2-506, § 37.2-416, and 12VAC35-105-1180.D to obtain a fingerprint-based criminal records check (submitted through Fieldprint, UCSI's DBHDS-authorized livescan vendor, to the Virginia State Police and FBI) and a CPS Central Registry search before any contact with individuals served. A conviction does not automatically disqualify you; however, conviction of a barrier crime listed in Va. Code § 19.2-392.02 will disqualify you from this position.

Have you ever been convicted of any crime other than a minor traffic violation? ☐ Yes ☐ No

If Yes, list each conviction (offense, date, jurisdiction, disposition):

Are there any criminal charges currently pending against you? ☐ Yes ☐ No If Yes, explain:

Have you ever been named in a founded complaint of child abuse or neglect? ☐ Yes ☐ No If Yes, explain:

Has any professional license or certification you hold ever been suspended, revoked, or subject to disciplinary action? ☐ Yes ☐ No If Yes, explain:

Section L — Authorizations & Releases

Read each authorization carefully and initial. UCSI cannot process this application without all initials.

Criminal History & CPS Registry Authorization	Initial:
I authorize United Community Services, Inc. to obtain a fingerprint-based criminal records check submitted through Fieldprint (UCSI's DBHDS-authorized livescan vendor) to the Virginia State Police and FBI, and to search the Central Registry of founded complaints of child abuse and neglect maintained by the Virginia Department of Social Services, in accordance with Va. Code § 19.2-389, § 63.2-1721, and 12VAC35-105-1180.D. I agree to complete fingerprinting at a Fieldprint location as directed by UCSI.	

DMV Driving Record Authorization	Initial:
I authorize UCSI to obtain my Virginia Department of Motor Vehicles driving record, in accordance with 12VAC35-105-1180.C.5 and -1200.C.	

Reference & Prior-Employer Verification	Initial:
I authorize UCSI to contact any reference, school, prior employer, or professional licensing body and to verify all information provided in this application. I release all such parties from liability for providing accurate information.	

TB Screening	Initial:
I understand that I must complete a tuberculosis (TB) screening prior to or within 30 days of contact with individuals served, in accordance with Va. Code § 32.1-49.1 and 12VAC35-105-440. I agree to submit results to UCSI.	

Drug-Free Workplace	Initial:
I understand that UCSI maintains a drug-free workplace and that pre-employment, post-incident, and reasonable-suspicion drug testing may be required as a condition of employment.	

Household Member Checks (sponsor parents only)	Initial:
If I am applying as a sponsor parent, I authorize UCSI to obtain criminal background checks and CPS registry searches for all adults in my household who are neither staff nor individuals being served, in accordance with 12VAC35-105-1180.E.	

Section M — Certification & Signature

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false statement, misrepresentation, or omission of information — whether on this application or in any subsequent interview or document — is grounds for refusal to hire or, if hired, for immediate termination of employment. I understand that this application does not constitute an offer of employment, and that employment with UCSI is at-will and may be terminated by either party at any time, with or without cause or notice. I have read and understand the authorizations in Section L.

Applicant Signature Date

Printed Name

For UCSI Use Only

Date Received:		Received By:	
Position Match:		Interview Date:	

References Verified:	☐ 1 ☐ 2 ☐ 3 Date: _____	**Background Check:**	☐ Initiated ☐ Cleared ☐ Disqualifying Date: _____
CPS Registry:	☐ Cleared ☐ Hit Date: _____	**DMV Record:**	☐ Cleared ☐ Issues Date: _____
TB Screening:	Date: _____ Result: _____	**Hiring Decision:**	☐ Hire ☐ Hold ☐ Decline Date: _____