

Application for EmploymentEqual Opportunity Employer

(please print)

Date:/		Date Available://					
Personal Information							
First Name:	Middle Initial:	Last Name:					
Email address:	nail address: Are you 18 years old or older?						
Address:							
City:	Stat	te: Zip Code:					
Evening Phone: ()	Day Phone	e: ()					
Work Information							
What position are you applying	for?						
Are you applying for: 🗖 Full-tim	ne 🗖 Part-time						
If part-time, specify days & hour	s available:						
Have you ever been employed	at Crossroads? ☐ Yes ☐ No						
		I No If yes, when?//					
Military Service	WORK THERE DETOILE. IF THE STEE	, 140 ii yes, wileii					
·							
		Highest rank held:					
Specialized duties / training:							

Do not include r	elatives										
Name (City, State		Telephone		Occi	Occupation			Years Known	
<u>Education</u>		<u> </u>		<u> </u>					!_		
<u> </u>			Hi	gh School			Colleg	e	Grac	luate Sch	ool
Circle highest gra	ide / ye	ear complet	ed 9 1	0 11 12	GED	1	2 3 4	4 5	1 2	2 3 4 5	
											_
	1	eof School	Grade Pt	College		Dates of		Graduated		Type of	
	City	/ & State	Average	Major	Attend		Va a Ni			Degree Conferred	
					From	То	Yes	No	Col	nterrea	┨
High School				NA							
Comm. College											┧
Tech School											
College or											1
University]
College or											
University											_
Grad. School											
Other											┨
Other											
											J
ist any compute	r know	ledge / exp	erience: _								
N 1: - t	altet aa	Dalamataka		1:!!		·			.1.1.191		•
Please list any ad	ditiona	ii job reiate	a experien	ces, skills of	r training	intorm	nation y	ou wo	uia iik	e us to co	onsi
Please explain wl	ny you	are interest	ed in work	ing at the C	Crossroad	s Cent	er:				
rou may continue your e	xpianatior	i on the back of t	nis sneet, it nee	ued.)							

Employment Experience (list most recent first)

			() -
	Name of Employer	City and State	Telephone
	TO	/	
1	Date(s) employed	Starting salary Final Salary	Position Held
	Supervisor Outline duties of position:	Reason for leaving	
			() -
	Name of Employer	City and State	Telephone
2	то		
	Date(s) employed	Starting salary Final Salary	Position Held
	Supervisor Outline duties of position:	Reason for leaving	
			() -
	Name of Employer	City and State	Telephone
3	TO	/	
	Date(s) employed	Starting salary Final Salary	Position Held
	Supervisor Outline duties of position:	Reason for leaving	
May we	contact the employers abov	e? Yes No	
lf no, inc	dicate which one(s) you do not	wish us to contact.	
Do you l	have any problems that would	hinder you from performing your d	uties?
-			

For purposes of reference checks, list any other names (such as a m	naiden name) tha	t you have used.
Criminal History Disclosure: Exclude minor traffic violations (Each case will be reviewed separately. This may not disqualify you Have you ever been convicted of a misdemeanor? Have you ever been convicted of a felony? Have you ever been convicted of a sex-related crime? Have you ever been convicted of a child or elder abuse offense?	Yes Yes Yes	No No No
If yes, to either question, please list the offense and date(s):		
If you have lived at your current address for less than five years, pro		
NOTE TO APPLICANTS: Do not answer this next question until you requirements of the occupation by reviewing a current job descrip Are you capable of performing the essential functions of the occup	tion.	•
Yes No If no, explain:		
AUTHORIZATION STATEMENT:		
Upon signing this application, I represent that all the information of application for employment is true and complete. I authorize you remployment, education, or background history with the appropriation I authorize them to release such information as you require, in without any obligation to give me written notice of such disclosure requested by any of my prospective or subsequent employers with such discloser. I hereby release you and them from any liability who disclosures. I agree that any false information in support of my applications the period of my employment. If hired, I agree I will serve a bound by the rules, policies, regulations and terms and conditions to time changed with or without notice to me. I agree that either powith or without cause, at anytime for any reason.	to verify any informate individuals, concluding my prior e. I also authorized nout any obligation at soever as a resublication may subt the will of the first of employment of	rmation concerning my ompanies, institutions or agencies disciplinary employment record, e you to release any information on to give me written notice of ult of any such inquiries and eject me to discharge at any time rm and I agree that I shall be of the firm as they are from time
Date:/ Signature:		