

CROSSROADS GROUP HOMES AND SERVICES, INC.
APPLICATION FOR EMPLOYMENT
Equal Opportunity Employer

Personal Information:

Date: _____

Name _____ SS# _____
 Address _____ City _____ State _____ Zip _____
 Phone # (Day) _____ (Evening) _____ (Cell) _____

ANY PHYSICAL OR MENTAL IMPAIRMENT THAT MIGHT INTERFERE WITH
 YOUR ABILITY TO PERFORM TASKS REQUIRED BY THIS POSITION:

Employment Desired:

Position _____ Date you can start _____

Part Time _____ Full Time _____ Weekdays _____

Weekends _____

Shift Availability:

Days _____ Afternoons _____ Midnights _____

Are you currently employed? Yes _____ No _____

If so, may we inquire of your present employer? Yes _____ No _____

Have you ever applied to this company before? Yes _____ No _____

Educational History:

Name and Location of School	Yrs Attended	Yr. Graduated	Major Study
Grammar School	_____	_____	_____
_____	_____	_____	_____
High School	_____	_____	_____
_____	_____	_____	_____
College	_____	_____	_____
_____	_____	_____	_____
Trade, Business, Vocational School	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School

College

Trade, Business, Vocational School

FIELD EXPERIENCE IN RESIDENTIAL FACILITIES, GROUP HOMES, OR OTHER
 CHILDREN'S PROGRAMS/SUBJECTS OF SPECIAL STUDY, RESEARCH WORK,
 SPECIAL TRAINING, CERTIFICATES:

Crossroads, Inc. Employment application

Former employers (List most current first)

Date	Name/ Address of Employer	Position	Reason for leaving
From _____ To _____	_____	_____	_____
From _____ To _____	_____	_____	_____
From _____ To _____	_____	_____	_____
From _____ To _____	_____	_____	_____

References: References please list a close family member as a personal reference.

Name	Address	Business	Phone	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Have you ever had your driver's license suspended or revoked? Yes _____ No _____
Do you have unrestricted use of an insured automobile? Yes _____ No _____
Have you had any automobile accidents in the past 2 years? Yes _____ No _____

Please tell us about your special skills, experiences, goals, and interests that you feel are an asset in working with at risk adolescents:

Authorization:

I certify that the facts contained in this application are true and completed to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Crossroads, Inc. from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Crossroads, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Crossroads, Inc. representative.

SIGNATURE OF APPLICANT _____ DATE _____

DO NOT COMPLETE BELOW THIS LINE:

-

Interviewed by:

_____ Date _____
_____ Date _____
_____ Date _____

Remarks:

Neatness _____
Personality _____

Character _____

Ability _____

Hire Date _____ Start Date _____ Salary _____

Approved by:

Not Approved by:

