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CROSSROADS
Assisted Living

APPLICATION FOR EMPLOYMENT

Date _____ Position Desired _____

Name _____
first middle last

Address _____
street city zip

Daytime Phone # _____ Email Address _____

Are you at least 16 years of age? _____

Have you ever been employed at Crossroads? No Yes

Dates _____ Department _____

Are you related to anyone employed at Crossroads? No Yes

Name/Relationship _____ Department _____

How did you hear of this job? _____

Are you currently licensed in Colorado for your profession? No Yes

Professional License # _____ Expiration Date _____

College Attended _____ City/State _____ Yrs/Degree _____

High School Attended _____ City/State _____ Yrs/Diploma _____

Other Education/Training _____ Yrs/Certification _____

List special skills, hobbies, i.e., typing, computers, etc. _____

Can you interpret a foreign language? No Yes What language(s)? _____

List Last Employer First	Employment Dates	Position/Duties	Salary/Wage Rate
Company Address Phone Supervisor Your full name at time of employment	From To Reason for Leaving		
Company Address Phone Supervisor Your full name at time of employment	From To Reason for Leaving		
Company Address Phone Supervisor Your full name at time of employment	From To Reason for Leaving		

May we obtain references from your previous employer or from any source that you may furnish without incurring liability? No Yes

What date would you be available for work? _____ Day Evening Night Full-time Part-time Temporary Summer

List the hours you are available for work						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

List two CHARACTER REFERENCES (please do not use the names of relatives)

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Have you ever been convicted of an offense against the law, including a traffic violation? No Yes

If yes, give details _____

Have you ever been discharged from a job? No Yes

If yes, give details _____

Do you have evidence of your right to work in the United States? No Yes

ACKNOWLEDGEMENT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Crossroads shall not be liable in any respect if my employment is terminated because of falsity or statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named above to give any information regarding my employment character and qualifications. I hereby release said companies, schools or persons from all liability for any information. I certify that all statements and answers to questions are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any person or institution from disclosing to Crossroads any knowledge or information in their records. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I further understand that any applicant seeking employment with a child care provider, who knowingly or willfully makes a false statement or any material fact in the application is guilty of perjury in the second degree as defined in Section 18-8-503, CRS, and upon conviction thereof, shall be punished accordingly. I also understand that Crossroads is required to give access to personnel files to such authorized agencies as law enforcement, the State Board of Nursing, Board of Medical Examiners Department of Health, etc. (Si usted desea un explicacion en Espanol, por favor habla con la oficinista en Human Resources.)

Crossroads is an equal opportunity employer. No discrimination will be shown to an applicant or employee because of race, color, religion, national origin, age, sex, veteran status, handicap or disability.

Signature _____ Date _____

Applications received will be held active for a period of three months.

FOR OFFICE USE ONLY Confidential Telephone Reference Check	
Reference checked by	Reference checked by
Date of reference check	Date of reference check
Employer/Reference contacted	Employer/Reference contacted
Person talked to	Person talked to
Position held	Position held
Employment dates	Employment dates
Results	Results
Eligible for rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes	Eligible for rehire? <input type="checkbox"/> No <input type="checkbox"/> Yes

OUTLINE FOR DRUG AND ALCOHOL TESTING PROGRAM

Purpose

To promote and establish a safe working environment for all employees, contractors, sub-contractors, and others on or near Crossroads sites.

Testing

Drug and alcohol tests will be administered:

- When an employee shows signs of impairment on the job.
- After any accident or occurrence that results in an injury on the job as defined by OSHA.
- After any employment related vehicular accident, {-when it appears that the employee might have reasonably avoided the accident or minimized the consequences but did not do so.}
- At hiring time. (All new hires will be required to pass a pre-placement drug screening test as a condition of employment.)

Employees Who Refuse Testing

Employees who refuse to submit to drug and alcohol testing and/or medical screening will be terminated.

Employees Who Test Positive

First time offenders who test or screen positive shall be suspended, without pay, for a minimum of one (1) calendar month (four [4] work weeks). During that time, the offender is expected to examine his/her continued working relationship with Crossroads and seek appropriate rehabilitative assistance.

At the end of the required suspension and before the employee is eligible to return to work, he/she must be retested. If test results are again positive, the employee will be terminated.

Employees who test positive for the first time and 1) complete their period of suspension, 2) complete rehabilitation (if required), 3) complete subsequent retesting shall be offered an opportunity to return to work. These employees will be subject to unscheduled retesting during the two (2) calendar years following their return to work. After the successful completion of this two (2) year probationary period, the basic provisions of the drug and alcohol testing program will apply.

Second time offenders and/or those subject to unscheduled retesting who test positive will be terminated.

Summary

Crossroads is determined to eliminate the use of illegal drugs, alcohol, and controlled substances at all work sites as well as to improve job safety at all sites. This program is designed solely for the benefit of employees, to provide reasonable safety on the job, and to protect employees and residents from offending individuals. Additionally, this program meets Crossroads' commitment to the community it serves.

Employee Signature _____ Date _____

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