

# APPLICATION FOR EMPLOYMENT



Date \_\_\_\_\_ Position Desired \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

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
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 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.