



**CROSSROAD**

2525 Lake Avenue, Fort Wayne, Indiana 46805-5457  
260.484.4153 Phone 260.484.2337 Fax

www.crossroad-fwch.org

# Employment Application

Date \_\_\_\_\_

Crossroad is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, gender, age, disability, sexual orientation, marital status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. Crossroad will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

## Please Print

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Phone \_\_\_\_\_ Social Security \_\_\_\_\_

If you have resided at your present address less than three years, list prior address:

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Position(s) Desired \_\_\_\_\_ Salary Expected \_\_\_\_\_

Are you available to work \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_ On-call \_\_\_ Overtime \_\_\_ Any shift

On what date are you available to begin work? \_\_\_\_\_

List any days or times you are not available to work. \_\_\_\_\_

Are you on a lay-off and subject to recall? \_\_\_ Yes \_\_\_ No

Have you filed an application here before? \_\_\_ Yes \_\_\_ No If yes, please give dates \_\_\_\_\_

Have you ever been employed here before? \_\_\_ Yes \_\_\_ No If yes, please give dates \_\_\_\_\_

Do you have any relatives employed here? \_\_\_ Yes \_\_\_ No If yes, please give names \_\_\_\_\_

How did you hear about employment opportunities at Crossroad?

\_\_\_ referred by current employee

\_\_\_ newspaper

\_\_\_ Crossroad website

\_\_\_ Career Builders

\_\_\_ other

Are you related to or have you had any involvement with a child placed at Crossroad or a similiar facility? \_\_\_ Yes \_\_\_ No

Are you a U.S. Citizen or an alien legally entitled to work in the position(s) for which you have applied? \_\_\_ Yes \_\_\_ No

Are you 21 years of age or older? \_\_\_ Yes \_\_\_ No

Application continues

Applicant's Name

**Education**

Type of School	Name of School	City & State	Number of Years	Graduated?	Degree
Senior High School					
College or University					
Business or Technical School					
Correspondence or Special School					

Please summarize special job-related skills and qualifications acquired from education, employment, volunteer work or military service.

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List any specific skills you have that will be helpful in performing the responsibilities of the position(s) for which you are applying.

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**Personal References**

List the name, address and telephone number of four references who are not related to you and are not previous employers.

Person's Name	Address	Telephone Number

## Employment History

Starting with your present or most recent job, list your employment experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment. Do not omit any employment. If you need additional space, please continue on a separate sheet of paper.

Employer	Employer Dates	Kind of Work Performed
Address	From:	
	To:	
Telephone	Salary/Hourly Rate	

Employer	Employer Dates	Kind of Work Performed
Address	From:	
	To:	
Telephone	Salary/Hourly Rate	

Employer	Employer Dates	Kind of Work Performed
Address	From:	
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Employer	Employer Dates	Kind of Work Performed
Address	From:	
	To:	
Telephone	Salary/Hourly Rate	

May we contact the employers listed above?  Yes  No

If no, indicate which one(s) you do not wish us to contact, and state the reason why you prefer that we do not contact the employer(s). \_\_\_\_\_

Have you ever worked under a different name?  Yes  No

If so, what was the name? \_\_\_\_\_

Have you ever been discharged or asked to resign from any position?  Yes  No

If yes, please state the employer and dates of employment. \_\_\_\_\_

Have you ever been disciplined at a place of employment?  Yes  No

If yes, explain: \_\_\_\_\_

Have you been convicted of or plead guilty to a felony or misdemeanor other than a minor traffic violation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a misdemeanor related to the health and safety of a child?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever had a Child Protective Services substantiation as a perpetrator of abuse or neglect of a child?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. (Please Note: Conviction or plea will not necessarily disqualify applicant from employment).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Statement**

(Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

\_\_\_\_\_ I certify that this application was completed by me and that all entries on it and all information in it are true and complete to the best of my knowledge. In the event of employment, I understand that false, misleading, or ommitted information in my application may result in discharge.

\_\_\_\_\_ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.

\_\_\_\_\_ I hereby release all parties, including but not limited to Crossroad, personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to Crossroad, concerning me or any action Crossroad takes on the basis of such information. I authorize Crossroad to request information from the Dept of Motor Vehicles, Child Protective Services, and City and County Law Enforcement Agencies and any other applicable resources regarding background checks as required by the Indiana Department of Child Services.

\_\_\_\_\_ I understand that, if I am offered a job, as a condition of beginning my employment I will be required to undergo a physical examination, Mantoux TB test, drug and/or alcohol screens at any time thereafter as Crossroad deems necessary. I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related consideration.

\_\_\_\_\_ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by Crossroad is contingent upon my ability to produce the required documentation within the time period required by law.

\_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period time and is terminable at any time and for any reason by Crossroad, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Crossroad material do not create any guarantee of employment and that Crossroad has the right to modify, amend, or terminate policies, practices, benefit plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Crossroad, other than the President & CEO or designee, has the authority to enter into any agreement for any specific period time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on Crossroad.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_