

Computer Software (Specify equipment) and Programs (specify which ones):

Languages Other Than English: _____

Professional License:

Type of Licensure/Certification	Issuing State	License Number	Expiration Date

Professional Activities: (List professional affiliations, trade, or business activities and offices held)

Are you currently certified to administer: ___ CPR ___ First Aid ___ TOVA ___ Other (name) _____

Experience:

Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight the knowledge, skills and abilities that demonstrate your qualifications for this position. Use additional attachments if necessary. **Note: You may submit and attach a resume for this section only if all information is included.**

Job Title _____
Employer Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____
Title _____
Salary (start) _____ Salary Final _____
Dates from (mm/yy) _____ To (mm/yy) _____

Duties _____

Number employees supervised _____
Equipment used _____
Reason for leaving _____
Name, if different _____

Job Title _____
Employer Address _____

Phone _____
Type of Business _____
Immediate Supervisor _____
Title _____
Salary (start) _____ Salary Final _____
Dates from (mm/yy) _____ To (mm/yy) _____

Duties _____

Number employees supervised _____
Equipment used _____
Reason for leaving _____
Name, if different _____

Job Title _____	Duties _____
Employer Address _____	_____
_____	_____
Phone _____	_____
Type of Business _____	_____
Immediate Supervisor _____	Number employees supervised _____
Title _____	Equipment used _____
Salary (start) _____ Salary Final _____	Reason for leaving _____
Dates from (mm/yy) _____ To (mm/yy) _____	Name, if different _____

Job Title _____	Duties _____
Employer Address _____	_____
_____	_____
Phone _____	_____
Type of Business _____	_____
Immediate Supervisor _____	Number employees supervised _____
Title _____	Equipment used _____
Salary (start) _____ Salary Final _____	Reason for leaving _____
Dates from (mm/yy) _____ To (mm/yy) _____	Name, if different _____

References:
List two persons who are not related to you who know your qualifications or your character. You should ensure they are willing to act as references as they will no doubt be called.

Name	Address	Telephone	Relationship	Occupation

References:
List two persons who were in a supervisory or professional position with you who can attest to your job performance. This would include your current or most recent supervisor. May we contact that supervisor at this time? Yes No Comments _____

Name	Address	Telephone	Position	Occupation

Miscellaneous:
Other than violations committed as a juvenile (under 18 years of age) have you ever been charged with and/or convicted of any violations of the law? (Conviction will not necessarily disqualify an applicant from employment) ___Yes ___No
Please note the type of violation(s): Felony Misdemeanor Traffic (moving) violation-excluding minor traffic violations
Description of offense(s):

Date of charge(s): _____

Date of Conviction(s): County, City, State of Conviction(s): _____

If more than one offense, please include additional information on an attached plain sheet of paper.

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___Yes ___No

Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

Do you have or are you eligible to obtain a valid Virginia driver's license? ___Yes ___No

Have you previously been employed by Crossroads Community Services: ___ Yes ___No

If Yes, please state which program center/department: _____

Dates of Employment: _____

Were you referred to this position by a current employee of Crossroads Community Services?

___Yes ___No

If Yes, please state name of employee who referred you: _____

Have you received disciplinary action, been placed on probation or been investigated by any state licensing board(s)? ___Yes ___No If Yes, please explain: _____

Do you have any relatives or persons living with you who are employed with Crossroads Community Services? ___Yes ___No If Yes, please state names of individual(s) and where they work:

Certification: Miscellaneous:

(Each application requires current date and original signature)

I hereby certify that information provided on this application is true, accurate and complete. I understand that the falsification or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment regardless of when or how discovered. I understand that all information on this application is subject to verification and I consent to provide personal information and fingerprinting for a criminal history background check. I understand that an offer of employment will be contingent upon a background check satisfactory to Crossroads Community Services. I also consent to references and former employers and educational institutions being contacted regarding this application. I release all such persons from liability or damages incurred as a result of inquiry and furnishing this information. I understand that my employment is not for a definite period of time and is terminable at-will by my employer or myself. In consideration of my employment, I agree to conform to the rules and regulations of Crossroads Community Services. The needs of the agency may make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I accept these conditions.

I have read and understand this agreement and certify that the information I have provided in my employment application is true and complete.

Date_____

Applicant Signature_____

Note: This application will not be considered if modified in any way from the original format.

CONFIDENTIAL INFORMATION
CROSSROADS COMMUNITY SERVICES
DEPARTMENT OF HUMAN RESOURCES AND WORKFORCE DEVELOPMENT
EQUAL EMPLOYMENT OPPORTUNITY DATA

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will **NOT** be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

- I agree to provide Equal Employment Opportunity information
I do not agree to provide Equal Employment Opportunity information

Position Applied For: _____ Date: _____
Full-Time Part-Time Relief Temporary

Please check the appropriate block:

Male Female Date of Birth: _____

Please Check One of the Following:

Race/Ethnic Group

- White/Caucasian (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians and Pacific Islanders)
- American Indian (includes Alaskans)

Please check the block for the highest level of education you have completed:

- Less than 8th grade Completed 8th grade
- Attended high school High school graduate or equivalent
- Attended college College graduate
- Attended graduate school Master's degree Graduate study beyond master's requirements
Ph.D. or professional degree

Please check, if applicable: Veteran