Application for Employment:

Crossroads Community Services

60 Bush River Drive, P.O. Drawer 248, Farmville, VA 23901-0248 (434) 392-7049 FAX (434) 392-4013 (Human Resources) *Providing Services Since 1973*



Position Applied	d For:			(One per application))
	Application Date:				
	er: Application Date Received by HR Dept				
$FT \ \square \ PT \ \square \ RELIEF \ \square \ TEMPORARY \ \square$					
How did you fir	nd out about this employment opp	portunity?			
<u> </u>	VEC □ Current Employee □ Jo	·	ngs 🗆 Inter	net 🗆 College Care	er Board 🗆
	pecify)				
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To Applicant: Em	ployees of Crossroads Community Serv	vices and applica	ints for employi	nent shall be afforded	equal
	aspects of employment without regard				
	ıl status, sexual orientation, gender o		J	0 , .	
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Name:					
	Last	First		Middl	e
	Number:			ary to verify driving reco	
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	E-mail:				
<i>~</i> 1 1 1 1 1	City State Zip Code				
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College					
Graduate					
Technical					
Other					
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Additional O	ualifications— Please describe	any additional	skille or qualif	ications that are rele	evant to the
-	ch you are applying:	arry additionar	skins of qualif	ications that are ren	vant to the
Position for will	en jou are applying.				
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Title Salary Final Reason for leaving Name, if different Duties Duties Duties Phone Phone Salary Final Equipment used Reason for leaving Name, if different Duties		
Professional License: Type of Licensure/Certification		
Professional License: Type of Licensure/Certification		
Professional License: Type of Licensure/Certification		
Type of Licensure/Certification	Languages Other Than English:	
Type of Licensure/Certification	Desfessional Linears	
Professional Activities: (List professional affiliations, trade, or business activities and offices held) Are you currently certified to administer:CPRFirst AidTOVAOther (name) Experience: Starting with the most recent, describe all paid, military and applicable voluntary experience. Highligh 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 requested information is included. Job Title Duties Employer Name/Address Number employees supervised Title Equipment used Salary (start) Salary Final Reason for leaving Dates from (mm/yy) To (mm/yy) Name, if different Duties Duties		Issuing State License Number Expiration Date
Are you currently certified to administer: CPRFirst Aid TOVAOther (name)	Type of Election (certification	Issuing state Premise Paparation State
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Immediate Supervisor	Phone	
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Job Title Duties Employer/Name Address Phone	Type of Business Immediate Supervisor Title	Number employees supervised Equipment used
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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?YesNo
comproyment in the contect states:1cs1vo
Under the Immigration Deform and Central Act of 1006, you will be required to fill out a gartification
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?YesNo
Have you previously been employed by Crossroads Community Services: YesNo
If Yes, please state which program center/department:
Dates of Employment:
1 7
Were you referred to this position by a current employee of Crossroads Community Services?
YesNo
If Yes, please state name of employee who referred you:
if ites, piease state fiame of employee who referred you.
How way received disgiplinary action been pleased on probation on been investigated by any state ligensing
Have you received disciplinary action, been placed on probation or been investigated by any state licensing
board(s)?YesNo If Yes, please explain:
Do you have any relatives or persons living with you who are employed with Crossroads Community
Services?YesNo If Yes, please state names of individual(s) and where they work:
Certification:
(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, a work schedule other than Monday through Friday or assignment to different work locations. 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 <u>NOT</u> 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.

discrimination on the basis of race, color, sex, age, national origin, religion, or disability.
☐ I agree to provide Equal Employment Opportunity information
\square I do not agree to provide Equal Employment Opportunity information
Position Applied For: Date:
Full-Time \square Part-Time \square Relief \square Temporary \square
Please check the appropriate block:
Male \square Female \square 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:
\square Less than 8th grade \square Completed 8th grade
\square Attended high school \square High school graduate or equivalent
\square Attended college \square College graduate
\square Attended graduate school \square Master's degree \square Graduate study beyond master's requirements
☐ Ph.D. or professional degree
Please check, if applicable: □ Veteran