



# CrossRoads to Independence Inc

Learning & Working in Communities Everyday!

## EMPLOYEE APPLICATION

| APPLICANT INFORMATION                                   |     |                          |                     |                          |  |                  |                          |        |                          |  |
|---|-----|--------------------------|---------------------|--------------------------|--|------------------|--------------------------|--------|--------------------------|--|
| Last Name   |     |                          |                     |                          | First  |                  |                          | M.I.   | Date                     |  |
| Street Address  |     |                          |                     |                          |  |                  | Apartment/Unit #         |        |                          |  |
| City  |     |                          |                     | State                    |  |                  | ZIP                      |        |                          |  |
| Phone   |     |                          |                     | E-mail Address           |  |                  |                          |        |                          |  |
| Date Available  |     |                          | Social Security No. |                          |  |                  | Desired Salary           |        |                          |  |
| Position Applied for                                    |     |                          |                     |                          |  | Are you over 18? | YES                      | NO     |                          |  |
| Are you a citizen of the United States?                 | YES | <input type="checkbox"/> | NO                  | <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES              | <input type="checkbox"/> | NO     | <input type="checkbox"/> |  |
| Have you ever worked for this company?                  | YES | <input type="checkbox"/> | NO                  | <input type="checkbox"/> | If so, when?                                   |                  |                          |        |                          |  |
| Have you ever been convicted of a felony?               | YES | <input type="checkbox"/> | NO                  | <input type="checkbox"/> | If yes, explain                                |                  |                          |        |                          |  |
| Have you lived in Pennsylvania for less than two years? | YES | <input type="checkbox"/> | NO                  | <input type="checkbox"/> | If yes, provide date you moved into PA:        |                  |                          |        |                          |  |
| EDUCATION   |     |                          |                     |                          |  |                  |                          |        |                          |  |
| <b>High School</b>                                      |     |                          |                     |                          | Address  |                  |                          |        |                          |  |
| From  | To  |                          | Did you graduate?   | YES                      | <input type="checkbox"/>                       | NO               | <input type="checkbox"/> | Degree |                          |  |
| <b>College</b>  |     |                          |                     |                          | Address  |                  |                          |        |                          |  |
| From  | To  |                          | Did you graduate?   | YES                      | <input type="checkbox"/>                       | NO               | <input type="checkbox"/> | Degree |                          |  |
| <b>Other</b>  |     |                          |                     |                          | Address  |                  |                          |        |                          |  |
| From  | To  |                          | Did you graduate?   | YES                      | <input type="checkbox"/>                       | NO               | <input type="checkbox"/> | Degree |                          |  |
| REFERENCES  |     |                          |                     |                          |  |                  |                          |        |                          |  |
| <i>Please list three professional references.</i>       |     |                          |                     |                          |  |                  |                          |        |                          |  |
| <b>Full Name</b>  |     |                          |                     |                          | Relationship                                   |                  |                          |        |                          |  |
| Company   |     |                          |                     |                          | Phone  |                  |                          |        |                          |  |
| Address   |     |                          |                     |                          |  |                  |                          |        |                          |  |
| <b>Full Name</b>  |     |                          |                     |                          | Relationship                                   |                  |                          |        |                          |  |
| Company   |     |                          |                     |                          | Phone  |                  |                          |        |                          |  |
| Address   |     |                          |                     |                          |  |                  |                          |        |                          |  |
| <b>Full Name</b>  |     |                          |                     |                          | Relationship                                   |                  |                          |        |                          |  |
| Company   |     |                          |                     |                          | Phone  |                  |                          |        |                          |  |
| Address   |     |                          |                     |                          |  |                  |                          |        |                          |  |

| <b>PREVIOUS EMPLOYMENT</b>   |                 |                    |                  |
|--|-----------------|--------------------|------------------|
| <b>Company</b>   |                 | Phone              |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| <b>Company</b>   |                 | Phone              |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| <b>Company</b>   |                 | Phone              |                  |
| Address  |                 | Supervisor         |                  |
| Job Title  | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities   |                 |                    |                  |
| From   | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

| <b>EMERGENCY CONTACT:</b> |                    |
|---------------------------|--------------------|
| Name:                     | Cell Phone Number: |
| Address:                  | Home Phone Number: |
| Relationship to you:      |                    |

| <b>DISCLAIMER AND SIGNATURE</b>   |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |

# Release Notification & Request Form

I understand that, in connection with my application for employment by CrossRoads to Independence, Inc., (Employer), an investigation report may be requested by the Employer that may include information as to my character, work habits, performance and experience, along with reason for termination of past employment from previous employers. I further understand that the Employer may be requesting information concerning my motor vehicle operation history and criminal conviction history from various states, private and insurance sources, along with other available public records. The employer may use outside Background Screening Companies to assist with the gathering of information needed to determinate my eligibility for employment.

1. I voluntarily and knowingly authorize each and every present and past employer or supervisor, college, university or other institute of education; administrators, law enforcement agency, state agency, finance bureau/office, credit bureau, collection agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons to give records of information that may have concerning my criminal history, health, character and employment, or any other information requested by the Employer or it authorized agent.
2. I voluntarily, knowingly and unconditionally release any named or unnamed reporting party from any and all liability resulting from the furnishing of any information to either the Employer or it authorized agent.
3. I voluntarily and knowing agree to allow CrossRoads to Independence, Inc. to release information pertaining to these background checks to other agencies and/or companies that may request this information so I may accept positions under certain contracts or at certain locations. I understand that only the information requested by the other agency/company will be shared.
4. This release and notification shall be valid for my term of employment from the date indicated next to my signature. A photographic or facsimile transmitted copy of this authorization shall be valid as the original.

The purpose of this release is to notify you that a consumer report will be compiled in the course of consideration for your employment. This release form must be maintained for a minimum period of twenty-five months per the Fair Credit Reporting Act but will remain in effect for the length of employment as stated above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following must be fully completed and accurate. All information must be PRINTED and LEGIBLE for your application to be considered.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Maiden Name (Other name used): \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Cities of Residence: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Cities of Residence: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prior Cities of Residence: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued By: \_\_\_\_\_