



Every Child Deserves A Chance

To the Applicant: We appreciate your interest in our Agency, and assure you that we are interested in your qualifications. Crossroads for Youth is an equal employment opportunity employer and provides employment and advancement opportunities to its employees without discrimination on basis of race, color, religion, sex, age, national origin, disability or any other protected characteristic as established by law. This policy of equal employment opportunity applies to all policies and procedures relating to recruitment and hiring, compensation, benefits, termination and all other terms of employment. All activities relating to employment including recruitment, testing, selection, promotion, training and termination shall be conducted in a nondiscriminatory manner. The Agency cooperates fully with all organizations that are established and organized to promote Equal Employment Opportunity.

**APPLICANT INFORMATION**

Name (Last, Middle, First ):		
Address /Apt# /P.O. Box:		County:
City: State: Zip:		
Home Phone:		Email Address:
Emergency Contact Name /Relationship:		Phone Number:
Are you legally eligible for employment in the United States? Yes      No      If offered employment, you will be required to provide documentation to verify eligibility.		
Have you ever been convicted of a crime other than a minor traffic offense? Yes      No      If yes, please explain including date and nature of conviction. (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of crime, and rehabilitation will be considered.)		
Are you able to perform all the essential function and duties required of the position for which you are applying, with or without reasonable accommodation? Yes      No		
Have you been previously employed here? Yes      No      Dates:		Previous Supervisor:
Please list any friends or relatives working here:		

**POSITION**

Position(s) applying for:		
Employment Desired:		
Regular Full Time (40 hours w/benefits)	Regular Part Time (less than 40 hours some benefits)	Contingent (contingent work, no benefits)
Shift Preferred: Days      Afternoons      Midnights	Are you available to work weekends? Yes      No	
Days Available: _____		
Hours Available: _____		
Date Available to Start Work: _____		
Salary Desired: _____		
How did you hear about the Agency's Job Openings?		

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**EDUCATION**

Name of School	Address (include street, city, state, and zip)	Number of years completed	Did you graduate? Yes No	Diploma, GED, Degree	Course of Study
High School			Yes No		
College/University	1.		Yes No		
	2.		Yes No		
	3.		Yes No		
Technical/Vocational					
Military Service	Branch: : _____ Rank upon discharge: _____ Type of discharge: _____ Are you currently in the Reserves? Yes No		Skills Obtained:		

**SKILLS(If applicable)**

Typing Speed: \_\_\_\_\_ words per minute Date Entry: \_\_\_\_\_

Computer programs and skills (please specify):

**MISCELLANEOUS**

Have you ever been discharged from any employment? Yes No  
 If yes, give details:

Have you ever had a professional license denied, revoked, suspended, limited, or sanctioned? Yes No  
 If yes, give details:

**SPECIALIZED TRAINING AND / OR EXPERIENCE**

(List any special qualifications not covered elsewhere in this application)<



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**EMPLOYMENT HISTORY** All information must be completed for consideration. Please list your employment history, beginning with your current or most recent employer and continuing for the last 10 years. Please explain any gaps in employment. Attach a separate sheet if necessary.

Employer	Start: End:
Address(street, city, state, zip)	Supervisor: Phone #:
Title:	Hourly or annual pay:
Duties:	Reason for Leaving:
May we contact employer? Yes    No    (If no please explain why)	

Employer	Start: End:
Address(street, city, state, zip)	Supervisor: Phone #:
Title:	Hourly or annual pay:
Duties:	Reason for Leaving:
May we contact employer? Yes    No    (If no please explain why)	

Employer	Start: End:
Address(street, city, state, zip)	Supervisor: Phone #:
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Employer	Start: End:
Address(street, city, state, zip)	Supervisor: Phone #:
Title:	Hourly or annual pay:
Duties:	Reason for Leaving:
May we contact employer? Yes    No    (If no please explain why)	

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I certify that the information in this application is complete and correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of this information is grounds for a rejection of this application or dismissal of any employment at any time if I am hired, and that Crossroads for Youth and its subsidiaries shall not be liable if my employment is terminated because of falsifications, misrepresentations or omissions in this application or made by me in support of this application.

If employed, I understand that if I am or become disabled and need an accommodation, I must notify Human Resources in writing within 182 days after the date I knew or should have known that an accommodation was needed, as required by the Michigan Persons with Disabilities Civil Rights Act of 1976.

I certify that I am legally authorized to work in the United States. I understand that any offer of employment is conditional upon my ability to provide documents required by the Immigration Reform and Control Act of 1986 proving both my identity and authorization to work in the United States, and that failure to produce the documents will result in revocation of the offer or the termination of employment.

I understand that any offer of employment made to me will be conditioned upon the results of a physical examination conducted after an offer has been made, which will include a drug screen, and that a positive drug test will result in revocation of the job offer or immediate termination of employment.

In consideration of my employment, I agree to conform to the rules and policies of Crossroads for Youth. I understand that Crossroads for Youth and its subsidiaries are at-will employers and that my employment can be terminated at any time with or without cause and with or without notice of either Crossroads for Youth and its subsidiaries or myself. I further acknowledge that I was not fraudulently induced to enter into this relationship, no one has made any representations or statement contrary to Crossroads for Youth's at-will policy to me, either orally or in writing, and I acknowledge and understand that no one has the authority to make such representations or statements to the contrary in the future.

In connection with my application for employment, I authorize the release of information that may be requested as to my character, employment, job performance, work habits, credit history, education and other personal history. I agree that any false information in support of my application for employment may subject me to be discharged at any time during my employment. I hereby authorize and release from all liability without reservation Crossroads for Youth. In addition, any law enforcement agency, administrator, State/Federal agency, institution, consumer credit reporting agency, employers (prior or present) insurance company or person(s) gathering or furnishing the above information. Further, I understand that you will (may) be requesting information concerning my workers' comp. Claims, which will only be requested in compliance with the ADA. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so I will be so advised and be given the name of the agency or source of information. Please note: A photographic or FAX copy of this authorization may be deemed to be the equivalent of the original.

**AT-WILL EMPLOYMENT:** I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or by Crossroads for Youth, with or without cause, and with or without any previous notice. I acknowledge that no Crossroads for Youth employee or representative, other than the President has either the power or authority to enter into any agreement for employment for any specified period of time or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the President. I understand that any prior representations, promises, contracts, or statements made or on behalf of the Agency are expressly superseded by the foregoing.



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**Workers' Compensation Claims:** I shall report all work-related injuries and/or illnesses to the Employer as soon as possible following the incident. I understand that the processing of such claims will be done by the Employer's workers' compensation insurance carrier and that any compensation due to me shall be paid by Employer's workers' compensation insurance carrier.

**Confidential Information:** The term "Confidential Information" means all information belonging to or used by the Agency or its clients related to internal operations, procedures and policies, business strategies, personnel information, charitable/donation contacts and sponsors, employee lists, technology, software source codes, programs, costs, marketing plans, developmental plans, computer programs and system, security systems, and all other plans, proprietary information and trade secrets of every kind and character. Confidential information is the exclusive property of the Agency and/or its clients. By virtue of being employed by the Agency, certain confidential information has been and will be disclosed to me. These disclosures are made solely to assist me in the performance of my responsibilities. My right to use confidential information, and the extent thereof, is at Agency's sole discretion and such rights shall expire immediately upon the termination of my employment. I shall not, either during or after my employment with Crossroads for Youth, disclose any confidential information for any reason or purpose contrary to the interest of the Agency or the clients to which I am assigned. Upon termination of employment, I shall immediately return all property in my possession relating to Agency.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE TERMS OF EACH OF THE ABOVE NINE (9) INDIVIDUAL STATEMENTS.

Print Name: \_\_\_\_\_ Name (Signature): \_\_\_\_\_ Date: \_\_\_\_\_