

CROSAIRES

“Where Care and Community Intersect”

EMPLOYMENT APPLICATION

(PRE-EMPLOYMENT QUESTIONNAIRE)

Vision:

Honoring elderhood by continuously creating a culture of well-being rich in meaning and purpose.

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME _____
FIRST M LAST

SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____
Street CITY STATE ZIP CODE

PERMANENT ADDRESS _____
Street CITY STATE ZIP CODE

PHONE NO: _____ ARE YOU 18 YEARS OLD OR OLDER? YES _____ NO _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION? YES _____ NO _____

EMPLOYMENT DESIRED

POSITION: _____ SHIFT DATE YOU SALARY
DESIRED: _____ CAN START: _____ DESIRED: _____

ARE YOU EMPLOYED NOW?

IF SO CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____

HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? YES _____ NO _____ WHEN _____

REFERRED BY _____

Education name and location of school	Years Attended	Did You Graduate	Subjects Studied
Grammar			
High School			
College			
Business or Correspondence School Certifications			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS:

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

(Exclude organizations of which the name indicates the race, creed, sex, age, marital status, color or nation of origin of its members):

HAVE YOU EVER BEEN CONVICTED OF AS CRIME? YES _____ NO _____ IF YES, PLEASE DESCRIBE BELOW

- This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidelines promulgated by the EEDC on July 26, 1991.

FORMER EMPLOYERS (List below last three (3) employers, starting with last one first).

Date Month & Year	Name and Address of Employer	Phone Number	Salary	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

WHICH OF THE ABOVE JOBS DID YOU LIKE THE BEST?

WHAT DID YOU ENJOY MOST ABOUT THIS JOB?

REFERENCES: Give the names of three (3) persons who are not related to you and have known for at least one year.

Name	Address	Phone Number	Years Known
1.			
2.			
3.			

IN CASE OF AN EMERGENCY NOTIFY:

NAME: _____

ADDRESS: _____

PHONE #: _____

"I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misinterpretations are discovered, my application may be rejected and, if I am employed may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its owner/operator, and then only in writing and signed by the owner/operator, has any authority to enter to any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS:

NEATNESS: _____ ABILITY _____

HIRED: YES _____ NO _____ POSITION _____ DEPARTMENT _____

SALARY/WAGE _____ DATE REPORTING TO WORK: _____

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.

Revised 2-15-11