

Today's Date:	Are you 21 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>Please Print All Information</i>			
NAME:			
(Last)	(First)	(Middle)	
LOCAL ADDRESS:			PHONE:
(Street Address)	(City)	(State)	(Zip)
PERMANENT ADDRESS:			
(Street Address)	(City)	(State)	(Zip)
Position Applied for:		City/County:	
Referred by :	<input type="checkbox"/> Website	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employment Agency
Name _____	Name _____	Name _____	<input type="checkbox"/> Current Employee/Friend <input type="checkbox"/> Internal Posting
When are you available to begin work:		Email Address:	

EDUCATION: (List highest grade completed in school)

High School Name:	Address:
College or University:	Address:
Dates Attended:	Degree(s):
Professional or Trade Licenses / Certificates:	

EMPLOYMENT HISTORY:

1. Present or Last Employer:

Address:	Phone:	Final Salary:
Dates of Employment:	Position:	
Reason for Leaving or Seeking Employment	Supervisor:	

2. Next to Last Employer:

Address:	Phone:	Final Salary:
Dates of Employment:	Position:	
Reason for Leaving	Supervisor:	

REFERENCES: (A minimum of two professional references)

	(Name)	(Address)	(Phone)	(Occupation)
1,				
2,				

May we contact the above references?

YES

NO

List specialized training relevant to this position that you have received. _____

Please attach résumé or other additional information to this form.

Have you ever been found guilty of a felony?

YES

NO

Have you ever been charged or found guilty of any crime against children?

YES

NO

If yes, what offense? _____

Date: _____ Place (City and State) _____

FINAL STATEMENT AND SIGNATURE:

I certify that all statements made on this application are true and complete to the best of my knowledge and that misrepresentation or omission may make me subject to immediate dismissal if I am placed. I also give permission to check all statements contained herein concerning prior employment and education by contacting the companies, institution and references named.

I understand an offer of volunteer placement will be conditional on results of a background check and drug screen. Successful completion of the volunteer process will require verification of entitlement to work in the United States. I also understand that I may be required to provide verification of information reported on this form.

If placed as a volunteer by Crossroads Youth & Family Services Inc., I will comply with all rules, regulation, instructions and policies set forth and communicated by Crossroads Youth & Family Services Inc., I further understand that said rules, regulations, instructions and policies shall be subject to modification or discontinuance at any time and without advanced notice.

This application is not and shall not be deemed to constitute an volunteer contract either expressed or implied between Crossroads Youth & Family Services Inc. and myself. I understand that my employment may be terminated at the Crossroads Youth & Family Services Inc. will at any time and without advance notice. I acknowledge that my placement is not for any definite period of time and that I have not been guaranteed continuing placement. I also understand that no director, supervisor or other employee has the authority to guarantee or implied guarantee to continuing volunteer placement.

In signing this statement, I hereby acknowledge that I have read the above statements and understand same.

Signature: _____

Date: _____

It is the policy of Crossroads Youth & Family Services Inc. to provide equal employment opportunities without regards to race, color, religion, sex, national origin, disability or handicap.

BACKGROUND CHECK CONSENT FORM

I _____, a candidate for providing services to Crossroads Youth & Family Services, Inc. (Crossroads), authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted by Crossroads or its agent, to furnish information as to my character, work habits, performance, and experience, along with reasons for termination of past employment, including, but not limited to, my workers' compensation injuries, driving record, court record, education, credentials, credit, and references. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or any other applicable state laws. In addition, Crossroads may verify all data provided in or with my application and during oral interviews. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that any misrepresentation, falsification, or omission of facts herein, or the discovery of other derogatory information as a result of this investigation, may prevent my being able to enter into a working relationship with Crossroads, or if I enter into a working relationship with Crossroads, may cause the immediate termination of said relationship.

I release and hold Crossroads and their respective officers, directors, and employees and all persons, agencies, and entities providing information or reports about me harmless from any and all liability, claims, damages, losses, cost expenses, or any other charge or complaint filed with any agency arising from the investigation, verification, and/or use of any information relevant to my providing services to Crossroads.

I understand that a background check is a consumer report which is covered under the Fair Credit Reporting Act (FCRA), and I have received a summary of my rights under the FCRA. I understand that I am entitled to a copy of the report(s) ordered. If an employment decision which adversely affects me is based upon information obtained through a consumer report, I will be notified and given the name and address of the agency or source which provided the information so that I may contact them if I wish. If I dispute the information, I will have three (3) business days to conclusively demonstrate the inaccuracy of the information.

I acknowledge that a telephone facsimile (FAX) or photographic or electronic copy shall be valid as the original even though said copy does not contain an original writing of my signature. Unless revoked earlier, the expiration of this authorization shall be one (1) year from the date of my signature.

I have read and understand the contents of this Consent and I certify that the information contained on the attached form is true, correct and complete to the best of my knowledge.

Signature: _____

Date: _____

PHOTOGRAPH RELEASE FORM (VOLUNTEER)

I hereby grant Crossroads Youth & Family Services, Inc. ("Crossroads YFS") permission to use my name or likeness in a photograph in any and all of its materials and publications, including website entries, without payment or other consideration. I understand and agree that these materials and publications are the property of Crossroads YFS.

I hereby irrevocably authorize Crossroads YFS to edit, alter, copy, exhibit, publish, or distribute any photographs involving my likeness for purposes of publicizing Crossroads YFS' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished products, including written or electronic copy, wherein my name or likeness appears. Additionally, I waive the right to royalties or other compensation arising or related to the use of any photographs.

I hereby hold harmless and release and discharge Crossroads YFS from all claims, demands, and causes of action that I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release..

(Printed Name)

(Date of Birth)

(Signature)

(Date)