

Please complete this application in its entirety. Attach a current resume and a copy of your proof of education, i.e. high school diploma and return to the Crossroads Mission H. R. Office.



Application for Employment

DATE

PERSONAL INFORMATION:

NAME (LAST NAME, FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER ()	BIRTHDATE (OPTIONAL)		

DESIRED EMPLOYMENT:

POSITION DESIRED	
DATE YOU CAN START	PAY DESIRED
HOW WERE YOU REFERRED TO CROSSROADS MISSION? JOB SERVICE _____ NEWSPAPER AD _____ FRIEND _____ OTHER _____	
IF OTHER, PLEASE SPECIFY:	NAME OF PERSON REFERRING YOU:

EDUCATION:

NAME OF SCHOOL	CITY, STATE	GRADUATED?	DIPLOMA OR DEGREE
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			
GRADUATE SCHOOL			

LIST ANY SPECIAL SKILLS OR TRAINING, I.E. TYPING SPEED, CDL, ETC.

US MILITARY OR NAVAL SERVICE	RANK
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WORK EXPERIENCE

EMPLOYER NAME/ LOCATION/TELEPHONE NUMBER	START DATE	END DATE	POSITION TITLE	ESSENTIAL DUTIES	REASON FOR LEAVING



Application for Employment

PERSONAL REFERENCES (List 3 people that are not relatives or past employers that you have know at least one year.)				
NAME	ADDRESS	RELATIONSHIP	CONTACT NO.	YEARS KNOWN
1				
2				
3				

HAVE YOU HAD A DRUG OR ALCOHOL PROBLEM WITHIN THE LAST FIVE YEARS? (OPTIONAL)

YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES _____ NO _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accomodations?

YES _____ NO _____

Please provide any additional information that will help in the evaluation of your qualifications for the position for which you are applying.

I CERTIFY THAT THE FACTS IN THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF HIRED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

APPLICANT STATUS:	INTERVIEWED	REJECTED	ON HOLD	HIRED
POSITION:	START DATE:		PAY RATE:	

CRIMINAL RECORD SELF-DISCLOSURE

YOUR FINGERPRINTS WILL BE SUBMITTED TO THE ARIZONA DEPARTMENT OF PUBLIC SAFETY (DPS) AND THE FEDERAL BUREAU OF INVESTIGATION (FBI) FOR CRIMINAL HISTORY CHECK. YOUR SELF-DISCLOSURE ON THIS AFFIDAVIT AND THE INFORMATION PROVIDED BY YOUR CRIMINAL HISTORY CHECK WILL BE USED, AS AUTHORIZED BY PUBLIC LAW AND ARIZONA STATUTES, TO HELP US DETERMINE YOUR FITNESS TO HAVE UNSUPERVISED ACCESS TO VULNERABLE PERSONS. YOUR FAILURE TO DISCLOSE TRUE AND ACCURATE INFORMATION ON THIS AFFIDAVIT WILL BE SUFFICIENT GROUNDS TO END YOUR EMPLOYMENT TO DENY, SUSPEND, OR REVOKE YOUR LICENSE AND MAY BE REFERRED TO THE STATE ATTORNEY GENERAL'S OFFICE FOR PROSECUTION.

YOU HAVE THE RIGHT TO OBTAIN A COPY OF ANY BACKGROUND CHECK REPORT AND CHALLENGE THE ACCURACY OR COMPLETENESS OF INFORMATION CONTAINED IN THE REPORT. IF YOU CHALLENGE THE INFORMATION, YOU ALSO HAVE THE RIGHT TO PROMPT DETERMINATION AS TO THE VALIDITY OF YOUR CHALLENGE. TO OBTAIN A COPY OF YOUR BACKGROUND CHECK, CONTACT DPS RECORDS UNIT, ACJIS DIVISION AT (602)223-2222.

YOUR NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH
ADDRESS (NO., STREET, APT. NO., CITY, STATE, ZIP)	

CHECK ONE OF THE FOLLOWING AND PROVIDE INFORMATION AS DIRECTED.

I HAVE NOT BEEN CONVICTED OF ANY FELONIES OR MISDEMEANORS NOR AM I PENDING INDICTMENT FOR ANY CRIMES.

I HAVE BEEN CONVICTED OF A FELONY AND OR MISDEMEANOR (S) AND AM PENDING INDICTMENT FOR THE FOLLOWING CRIME(S) (PROVIDE DATES, LOCATION/JURISDICTION, CIRCUMSTANCES AND OUTCOME – ATTACH ADDITIONAL PAGES IF NEEDED).

ALSO – CHECK ONE OF THE FOLLOWING:

I AM NOT SUBJECT TO REGISTRATION AS A SEX OFFENDER IN ARIZONA OR IN ANY OTHER JURISDICTION.

I AM SUBJECT TO REGISTRATION AS A SEX OFFENDER (PROVIDE DATES, LOCATION/JURISDICTION, CIRCUMSTANCES AND OUTCOMES – ATTACH ADDITIONAL PAGES IF NEEDED).

IF YOU HAVE BEEN CONVICTED OF COMMITTING, ATTEMPTING TO COMMIT, OR CONSPIRING TO COMMIT ONE OR MORE OF THE FOLLOWING CRIMES, DPS WILL DENY YOU A FINGERPRINT CLEARANCE CARD, AND YOU WILL NOT BE ELIGIBLE TO APPEAL THE DECISION.

- ✓ FIRST OR SECOND-DEGREE MURDER
- ✓ CHILD ABUSE

- ✓ ABUSE OF A VULNERABLE ADULT
- ✓ SEXUAL ABUSE OF A MINOR

- ✓ SEXUAL ABUSE OF A VULNERABLE ADULT
- ✓ INCEST
- ✓ SEXUAL ASSAULT
- ✓ SEXUAL EXPLOITATION OF A MINOR
- ✓ SEXUAL EXPLOITATION OF A VULNERABLE ADULT
- ✓ COMMERCIAL SEXUAL EXPLOITATION OF A MINOR
- ✓ COMMERCIAL SEXUAL EXPLOITATION VULNERABLE ADULT
- ✓ CHILD PROSTITUTION AS PRESCRIBED IN A.R.S. 13-3212

- ✓ TAKING A CHILD FOR THE PURPOSE OF PROSTITUTION AS PRESCRIBED UB A. R. S. 13-3206
- ✓ SEXUAL CONDUCT WITH AMINOR
- ✓ MOLESTATION OF A CHILD
- ✓ MOLESTATION OF A VULNERABLE ADULT
- ✓ A DANGEROUS CRIME AGAINST CHILDREN AS DEFINED IN A. R. S. 13-604.01
- ✓ EXPLOITATION OF MINORS INVOLVING DRUG OFFENSES
- ✓ NEGLECT OR ABUSE OF A VULNERABLE ADULT.

IF YOU HAVE BEEN CONVICTED OF COMMITTING, ATTEMPTING TO COMMITT, OR CONSPIRING TO COMMITT ONE OR MORE OF THE FOLLOWING CRIMES, DPS WILL DENY YOU A FINGERPRINT CLEARANCE CARD, BUT YOU WILL BE ELIGIBLE TO APPEAL THE DECISION WITH TH BOARD OF FINGERPRINTING.

- ✓ CHILD NEGLECT
- ✓ MISDEMEANOR OFFENSES INVOLVING CONTRIBUTING TO THE DELINQUENCY OF A MINOR
- ✓ OFFENSES INVOLVING DOMESTIC VIOLENCE
- ✓ KIDNAPPING
- ✓ MANSLAUGHTER
- ✓ ENDANGERMENT
- ✓ ARSON
- ✓ ASSAULT
- ✓ AGGRAVATED ASSAULT
- ✓ ASSAULTS ON OFFICERS OR FIRE FIGHTERS
- ✓ ASSAULT BY VICIOUS ANIMALS
- ✓ THREATENING OR INTIMIDATING
- ✓ DRIVE BY SHOOTING
- ✓ DISCHARGING A FIREARM AT A STRUCTURE
- ✓ MISCONDUCT INVOLVING WEAPONS
- ✓ MISCONDUCT INVOLVING EXPLOSIVES
- ✓ DEPOSITING EXPLOSIVES
- ✓ MISCONDUCT INVOLVING SIMULATED EXPLOSIVE DEVICES
- ✓ CONCEALED WEAPON VIOLATION
- ✓ AGGRAVATED CRIMINAL DAMAGE
- ✓ ROBBERY
- ✓ THEFT
- ✓ THEFT BY EXTORTION
- ✓ SHOPLIFTING
- ✓ CRIMINAL POSSESSION OF A FORGERY DEVICE
- ✓ OBTAINING A SIGNATURE BY DECEPTION
- ✓ CRIMINAL IMPERSONATION
- ✓ THEFT OF A CREDIT CARD OR OBTAINING A CREDIT CARD BY FRAUDULENT MEANS
- ✓ RECEIPT OF ANYTHING OF VALUE OBTAINED BY FRAUDULENT USE OF A CREDIT CARD
- ✓ FORGERY OF A CREDIT CARD
- ✓ FRAUDULENT USE OF A CREDIT CARD
- ✓ POSSESSION OF ANY MACHINERY, PLATE OR OTHER CONTRIVANCE OR INCOMPLETE CREDIT CARD
- ✓ FALSE STATEMENTS AS TO FINANCIAL CONDITION OR IDENTITY TO OBTAIN A CREDIT CARD
- ✓ FRAUD BY PERSONS AUTHORIZED TO PROVIDE GOODS OR SERVICES
- ✓ CREDIT CARD TRANSACTION THEFT
- ✓ INDECENT SEXUAL INDECENCY
- ✓ PUBLIC SEXUAL INDECENCY

- ✓ ENTICEMENT OF ANY PERSONS FOR THE PURPOSES OF PROSTITUTION
- ✓ PROCUREMENT BY FALSE PRETENSES OF ANY PERSON FOR PURPOSES OF PROSTITUTION
- ✓ PROCURING OR PLACING PERSONS IN A HOUSE OF PROSTITUTION
- ✓ RECEIVING EARNINGS OF A PROSTITUTE
- ✓ CAUSING ONE'S SPOUSE TO BECOME A PROSTITUTE
- ✓ DETENTION OF PERSON IN A HOUSE OF PROSTITUTION FOR DEBT
- ✓ KEEPING OR RESIDING IN A HOUSE OF PROSTITUTION OR EMPLOYMENT IN PROSTITUTION
- ✓ PANDERING
- ✓ TRANSPORTING PERSONS FOR THE PURPOSE OF PROSTITUTION OR OTHER IMMORAL PURPOSES
- ✓ POSSESSION AND SALE OF PEYOTE
- ✓ POSSESSION AND SALE OF VAPOR-RELEASING SUBSTANCE CONTAINING A TOXIC SUBSTANCE
- ✓ SALE OF PRECURSOR CHEMICALS
- ✓ POSSESSION , USE OF SALE OF MARIJUANA, DANGEROUS DRUGS ,OR NARCOTIC DRUGS
- ✓ UNLAWFULLY ADMINISTERING INTOXICATING LIQUOR, NARCOTIC DRUGS, OR DANGEROUS DRUGS
- ✓ ADDING POISON OR OTHER HARMFUL SUBSTANCE TO FOOD, DRINK, OR MEDICINE
- ✓ MANUFACTURE OR DISTRIBUTION OF AN IMITATION CONTROLLED SUBSTANCE
- ✓ MANUFACTURE OR DISTRIBUTION OF AN IMITATION PERSCRIPTION ONLY DRUG
- ✓ MANUFACTURE OR DISTRIBUTION OF AN IMITATION OVER-THE-COUNTER-DRUG
- ✓ POSSESSION OR POSSESION WITH INTENT TO USE AND IMITATION CONTROLLED SUBSTANCE
- ✓ POSSESSION OR POSSESSION WITH INTENT TO USE AND IMITATION OVER THE COUNTER DRUG
- ✓ MANUFACTURE OF CERTAIN SUBSTANCES AND DRUGS BY CERTAIN MEANS
- ✓ A CRIMINAL OFFENSE INVOLVING CRIMINAL TRESPASS AND BURGLARY UNDER TITLE 13, CHAPTER 15
- ✓ A CRIMINAL OFFENSE INVOLVING ORGANIZED CRIME AND FRAUD UNDER TITLE 13, CHAPTER 23
- ✓ FELONY OFFENSES INVOLVING SALE, DISTRIBUTION OR TRANSPORTATION OF, OFFER TO SELL,

TRANSPORT OR DISTRIBUTE MARIJUANA, DANGEROUS
DRUGS OR NARCOTIC DRUGS

✓ FELONY OFFENSES INVOLVING CONTRIBUTION TO THE
DELINQUENCY OF A MINOR

I AM AWARE THAT BY SIGNING THIS AGREEMENT I FULLY UNDERSTAND THAT IF I DO NOT PASS THE FINGERPRINT CLEARANCE FOR FAILURE TO STATE THAT I HAVE BEEN CONVICTED OF ONE OR MORE OF THESE OFFENSES I WILL BE HELD RESPONSIBLE TO REIMBURSE ALL COSTS THAT WERE IMPLIED IN FILING FOR THE FINGERPRINT CLEARANCE. FURTHERMORE, I UNDERSTAND THAT MY EMPLOYMENT COULD BE TERMINATED.

SIGNATURE

DATE.

I CERTIFY THAT I UNDERSTAND THIS AFFIDAVIT. MY SELF-DISCLOSURE IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

YOUR SIGNATURE

DATE

HUMAN RESOURCE SIGNATURE

DATE

Crossroads Mission Consent to Release Information Reference Check

Part A

(Please Print)

Employment Reference for: _____

I have stated to Crossroads Mission that I was employed by you as, _____
(Previous Title)

I am requesting that the following information be furnished by you for reference purposes to this employer, and I consent to you providing this information, regarding my past employment, work performance, attendance record, abilities, and the reason for my separation from employment.

Further, I knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar causes of action, against either Crossroads Mission or you or _____
(Name of Previous Employer)

in connection with providing information about my employment _____.
(Name of Previous Employer)

Printed Name: _____

Signature: _____

Date: _____

PART B

To be completed by the employer providing the reference for the individual named above.

The person named above was employed as _____. From: _____ To: _____

Other Comments:

According to our records the above person left the organization for the following reason(s):

Check one: The above employee is eligible for rehire Not eligible for rehire

Please check below the rating that accurately describes this individual

	Exceptional	Satisfactory	Unsatisfactory
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other remarks about the employee's job performance:

Were you the employee's supervisor? Yes No

Name: _____

Title: _____

Company: _____

Signature: _____

Date: _____