



APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Desired Salary			
Position Applied for				Are you over the age of 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 applied to Crossroads?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever worked for Crossroads?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
How did you hear about us?		Ad	Current Employee _____	Other _____	
Are you related to anyone currently employed at Crossroads?		YES	NO	Name _____	Relationship _____

EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)					
Describe any specialized training, apprenticeships, licenses or skills.					

**REFERENCES - PLEASE LIST THREE PROFESSIONAL REFERENCES.**

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**PREVIOUS EMPLOYMENT - PREVIOUS SALARIES/WAGES WILL NOT DETERMINE COMPENSATION AT CE**

Company	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"/>		
Company	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"/>		
Company	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"/>		

## MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

## DISCLAIMER AND SIGNATURE

Can you with or without reasonable accommodation perform the essential functions of this job? YES  NO

(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Crossroads Community Church (hereinafter referred to as "Crossroads") that such employment with Crossroads is at will, for no specified duration and may be terminated by either Crossroads or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Crossroads or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Crossroads except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Crossroads

In consideration for employment with Crossroads, if employed, I agree to conform to the rules, regulations, policies and procedures of Crossroads at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Crossroads business, attendance and punctuality are considered essential requirements of every job at Crossroads and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Crossroads may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Crossroads and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

Signature	Date
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**Crossroads Community Church IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW AND TO THE EXTENT REQUIRED BY A RELIGIOUS ORGANIZATION.**

