

Crossroads' Turning Points, Inc.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (Complete *all* applicable information)

Position applying for:		Available to work (Check all that apply):		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
		<input type="checkbox"/> Temporary	<input type="checkbox"/> Weekends	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights
Applicant Name (Last, First, MI):		E-mail Address:		Today's Date (MM/DD/YYYY)	
Street Address:		City:		State:	Zip:
Home Phone #:	Alternate Phone #:	Driver's Lic.? <input type="checkbox"/> Yes <input type="checkbox"/> No		I am 18 years of age or older.	
- -	- -	Dr's Lic. #		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When can you start employment?		
Have you previously applied for employment with CTP? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you previously been employed by CTP?		
When?		Where?		<input type="checkbox"/> Yes <input type="checkbox"/> No Where?	

EMPLOYMENT HISTORY (List below your last three employers, starting with the most recent or current one first)

Current of Last Position:		Name of Employer/Company:		From Month/Year:	To Month/Year:
				/	/
Street Address:		City:		State:	Zip:
Reason for Leaving:		Starting Pay:	Final Pay:	May we contact your supervisor?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Title and Department of Supervisor:		Phone number of Supervisor:	
				- -	
Duties:					
Previous Position:		Name of Employer/Company:		From Month/Year:	To Month/Year:
				/	/
Street Address:		City:		State:	Zip:
Reason for Leaving:		Starting Pay:	Final Pay:	May we contact your supervisor?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor:		Title and Department of Supervisor:		Phone number of Supervisor:	
				- -	
Duties:					

Previous Position:	Name of Employer/Company:	From Month/Year: /	To Month/Year: /
Street Address:	City:	State:	Zip:
Reason for Leaving:	Starting Pay:	Final Pay:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:	Title and Department of Supervisor:	Phone number of Supervisor: - -	
Duties:			

EDUCATION INFORMATION

Name of School/College/University:	Course of Study/Major:	Highest Level Completed: <Select Level>	GPA:
Street Address:	City:	State:	Zip:
Name of School/College/University:	Course of Study/Major:	Highest Level Completed: <Select Level>	GPA:
Street Address:	City:	State:	Zip:
Name of School/College/University:	Course of Study/Major:	Highest Level Completed: <Select Level>	GPA:
Street Address:	City:	State:	Zip:
Name of School/College/University:	Course of Study/Major:	Highest Level Completed: <Select Level>	GPA:
Street Address:	City:	State:	Zip:
List current Certificates or Licenses related to the position applying for:			

OTHER LANGUAGE(S)

Are you bilingual?: <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are bilingual, list second language(s):	Can you also write in this second language? <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMPUTER SKILLS

In what computer software programs are you proficient? Name of package(s) (For example: Microsoft Office, Word, Excel, etc.)

Word Excel PowerPoint

Others (Please List):

Typing Skills: Yes No Words per minute:

List other business equipment you can operate:

GENERAL INFORMATION

Are you related to any current employee of CTP, CTP Foundation, CTP Advisory Board or CTP Governing Board of Directors?

Yes No If yes, who?

Have you ever been convicted of criminal offenses related to your involvement in Medicaid, Medicare, or social service programs under Title XX of the Social Security Act?

Yes No If yes, list details.

Have you ever been convicted of, received a deferred sentence for, or pled *no lo contendere* to a felony or misdemeanor crime?

Yes No If yes, when & where? List the details and below

Note: A conviction will not necessarily disqualify an applicant from employment.

Explain Details:

Have you ever been convicted of, received a deferred sentence for, or pled *no lo contendere* to a felony or misdemeanor sexual offense?

Yes No If yes, when & where? List the details below

Note: A conviction will not necessarily disqualify an applicant from employment.

Explain Details:

Have you ever been convicted of, received a deferred sentence for, or pled *no lo contendere* to any traffic violation within the past three years?

Yes No If yes, when & where? List the details below

Note: A conviction will not necessarily disqualify an applicant from employment.

Explain Details:

Are you currently on probation or parole?

Yes No If yes, what is the expected end date of probation/parole?

PROFESSIONAL REFERENCES

Name:	Primary Phone: - -
Address:	Alternate Phone: - -
<input type="checkbox"/> Professional	E-Mail:
	Relationship:
Name:	Primary Phone: - -
Address:	Alternate Phone: - -
<input type="checkbox"/> Professional	E-Mail:
	Relationship:

Name:	Primary Phone: - -
Address:	Alternate Phone: - -
<input type="checkbox"/> Professional	E-Mail:
	Relationship:

SOURCE INFORMATION (How did you hear about this position?)

<input type="checkbox"/> Crossroads' Website	Date Visited:
<input type="checkbox"/> Workforce	Date Visited:
<input type="checkbox"/> Craig's List	Date Visited:
<input type="checkbox"/> Newspaper	Date Visited: Name of paper:
<input type="checkbox"/> Personal Referral	Name:
<input type="checkbox"/> Crossroads' CAC Class	Date of Class:
<input type="checkbox"/> Other (please explain)	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

<ul style="list-style-type: none"> • In consideration of my employment, I agree to conform to the policies and procedures of Crossroads' Turning Points, Inc. (CTP). I understand that in accepting this application, CTP is in no way obligated to provide me employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that my employment is "at will" and that my employment and compensation can be terminated with or without cause and with or without notice at any time. • I have not been disbarred, suspended or otherwise excluded from participation in any government sponsored health care program, including without limitation the Colorado Medicaid program of the federal Medicare program. • I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that omission of fact on either this application or during the pre-employment process may result in my application being rejected, or if I am hired, in my employment being terminated. • I further understand that any falsified statement on this application or during the pre-employment process will result in termination of my employment. • I understand that any offer of employment is conditioned on the completion of pre-employment tests (including urine analysis) and documentation. By signing below I consent to pre-employment urine analysis testing. • I consent to Crossroads' Turning Points, In. conducting reference checks with my current and/or past employers. 	
Date:	Signature: (Typing your name below will constitute an electronic signature)