

Kids Crossing

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

LAST, FIRST, MIDDLE NAME		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER(S)		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
EVER WORKED COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS AGENCY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK-IN <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> OTHER:		

EDUCATION

School Level	Name and Location of School	No. of Years Attended	Did You Graduate	Type of Degree Awarded	Subjects Studied
High School					
College					
Trade, Business or Correspondence School					

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS BEGINNING WITH THE MOST RECENT.)

1. NAME OF PRESENT OR LAST EMPLOYER:					
ADDRESS		CITY	STATE/ZIP		
DATE EMPLOYMENT BEGAN	LAST DAY OF EMPLOYMENT	JOB TITLE			
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR		TITLE	PHONE		
DESCRIPTION OF WORK					
REASON FOR LEAVING					
2. NAME OF PREVIOUS EMPLOYER:					
ADDRESS		CITY	STATE/ZIP		
DATE EMPLOYMENT BEGAN	LAST DAY OF EMPLOYMENT	JOB TITLE			
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR		TITLE	PHONE		
DESCRIPTION OF WORK					
REASON FOR LEAVING					
3. NAME OF PREVIOUS EMPLOYER:					
ADDRESS		CITY	STATE/ZIP		
DATE EMPLOYMENT BEGAN	LAST DAY OF EMPLOYMENT	JOB TITLE			
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR		TITLE	PHONE		
DESCRIPTION OF WORK					
REASON FOR LEAVING					

REFERENCES

Please list three people (not family) whom you have known for a year or more.

Name	Mailing Address (City, State, Zip)	Relationship	Years Acquainted

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK

Have you ever been accused of, charged with, or convicted of any felony, misdemeanor, child abuse or a sexual offense?
 YES. NO. If yes, please explain in full detail. *(This will not necessarily exclude you from consideration.)*

I understand that one or more representatives of Kids Crossing may check the accuracy of the information I have placed in this application and that these representatives may also contact persons I have listed at references, or other persons, to check on my fitness for employment. As a condition of my being considered for employment by Kids Crossing, I hereby release Kids Crossing, all of its employees, officers, directors and affiliates, as well as any person who provides any information to any representative of Kids Crossing from any claim of any kind, without limitation, including claims for defamation in connection with either the giving or receiving of information related to checking my background.

I understand that employment with Kids Crossing is at-will, which means that either employees of the agency or the agency may end employment at any time, without notice and without cause. I also understand that neither this application, nor any document I receive during my employment, is a contract. I also understand that no one in Kids Crossing has any authority to enter into any contract of employment with me, whether written or oral, other than the President of the Board of Directors, and that the President may do so only in a written agreement, signed by both of us, that states "Employment Agreement" at the top. I also understand that Kids Crossing retains the right to modify policies and conditions of employment in its discretion. By signing below I acknowledge that I have read and understand this provision.

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, CRS and, upon conviction thereof, shall be punished accordingly.

DATE

SIGNATURE