

CRISIS INTERVENTION SERVICES



Application for Employment

We consider employment applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please print.

Position(s) applied for	Date of application	
How did you hear about us? <i>(Please circle one)</i>		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)	Social Security Number		
Best time to contact you at home is _____			

Have you ever filed an application with Crisis Intervention Services before? Yes No

If yes, give approximate date _____

Have you ever been employed with Crisis Intervention Services before? Yes No

If yes, give approximate date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

On what date would you be available for work? _____

Are you available to work: *(Please check all that apply)*

Full-time Part-time Mornings Afternoons Evenings Weekends Nights

Can you travel if a job requires it? Yes No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this or any other state? Yes No

Nothing in this application is intended to alter in any way the understanding and fact that any employment relationship with Crisis Intervention Services is of an at-will nature.

CRISIS INTERVENTION SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER



Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, skills, and extra-curricular activities.

Describe any job-related training received in the U.S. military.



Employment Experience

Start with your present or last job, include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job title	Supervisor			
Reason for Leaving				



Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check skills/equipment operated

- | | | |
|---|--|--|
| <input type="checkbox"/> PC | <input type="checkbox"/> Microsoft word | <input type="checkbox"/> Microsoft outlook |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Microsoft excel | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Photocopier | <input type="checkbox"/> Microsoft access | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Adding machine | <input type="checkbox"/> Microsoft publisher | |
| <input type="checkbox"/> Fax machine | <input type="checkbox"/> Microsoft power point | |

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, without or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES NO

References

Name	Telephone Number
Address	
Name	Telephone Number
Address	
Name	Telephone Number
Address	



Waiver for Criminal History and Abuse History Checks

Last Name		First Name	
Middle Name		Maiden Name	
Date of Birth	Sex	Social Security Number	
List any other former last names:			
I hereby give permission for the listed requesting official to conduct a state or national criminal history check with the Division of Criminal Investigation and a Child Abuse and Dependent Adult Abuse History Check with the Department of Human Services.			
Signature of Applicant		Date Signed	
Signature of Requesting Official			

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this applicant for employment will be considered active for a period of time not to exceed 45 days. Should I wish to be considered for employment beyond this time period it will be my responsibility to inquire as to whether or not applicants are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Crisis Intervention Services is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Crisis Intervention Services.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Crisis Intervention Services.

Applicant Signature _____ Date _____