

DANBERRY AT INVERNESS/CRSA EMPLOYMENT SERVICES

APPLICATION FOR EMPLOYMENT

We welcome your interest in joining the staff at CRSA EMPLOYMENT SERVICES. In order for you to be fully considered for a position with CRSA EMPLOYMENT SERVICES, it is necessary that you satisfactorily complete this application.

PLEASE NOTE:

- **COMPLETE APPLICATION** – Applications that have not been fully completed and signed will not be accepted. If there is insufficient space on the application for you to provide a completed response, please use an extra sheet of paper and attach to the application.
- **ACCURACY** - If you wish to submit a resume, please attach it to the application. DO NOT REFER TO A RESUME IN RESPONSE TO ANY APPLICATION QUESTION. All questions must be answered on the application itself.
- **CRIMINAL BACKGROUND CHECKS** – Criminal background checks are a mandatory part of our hiring process. As part of your application for employment, you will be asked a question about convictions for crimes. If you answer this question ‘yes’, you will be asked to provide details. A ‘yes’ answer does not automatically disqualify you from employment. Failure to provide accurate information may affect your employment status.
- **DRUG USE POLICY** – CRSA EMPLOYMENT SERVICES EMPLOYMENT SERVICES does not hire or knowingly employ persons who use illegal drugs. Persons employed by CRSA EMPLOYMENT SERVICES EMPLOYMENT SERVICES may be subject to periodic tests for illegal drugs. By completing this application, you are agreeing that upon request, you will provide a urine specimen at the collection site designated by CRSA EMPLOYMENT SERVICES and to have the specimens tested at a laboratory selected by CRSA EMPLOYMENT SERVICES.

CRSA EMPLOYMENT SERVICES does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. This Company intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for Twelve (12) months. A new application must be submitted after that time.

Personal Data

Name _____
(Last) (First) (MI) (Maiden) (Preferred First Name if different)

Address _____
(City) (State) (ZIP)

Home Phone Number _____ Cell Phone Number _____

E-mail Address _____

Are you 18 years or older? Yes No

Position Information

Position Desired: _____ Salary desired _____

How did you hear about us? _____

Have you ever applied here before? _____ When? _____

Have you ever worked for CRSA EMPLOYMENT SERVICES before? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

Are you applying for Full time Part time Regular Temporary Date available for work _____

Would you consider working any shift? Yes No Shift Preference 1st 2nd 3rd

Weekends? Yes No Holidays? Yes No Rotating Shifts or On-Call Shifts? Yes No

General

Are you legally authorized to work in the United States? Yes No (*Proof of work authorization will be required upon employment*)

If the position you are applying for requires a driver's license, do you possess a valid driver's license?
Yes State _____ License No _____ No

Do you have relatives working for CRSA EMPLOYMENT SERVICES? Yes No If yes, complete the following:
Name _____ Department _____ Relationship _____

Background

Have you ever been convicted of any crime? Yes No If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

Are you currently out on bail or released on your own recognizance pending trial? Yes No

This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company, may, however, consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Other Qualifications

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.) Job-related certificates and licenses (current only).

Work History

Include all of your employment experience in the last 7 years, listing the most recent position first. **Provide your complete employment history even if you attach a resume.** If you had more than one position with the same employer, list each position separately. If more space is needed, use the same format on another piece of paper. Please explain gaps of more than six months in employment on a separate piece of paper.

Company: _____ **Immediate Supervisor:** _____

Address: _____

(Street) (City) (ZIP)

Phone: _____ **Dates: From** _____ **To** _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____ **If this is your current employer, may we contact them? Yes** **No**

Company: _____ **Immediate Supervisor:** _____

Address: _____

(Street) (City) (ZIP)

Phone: _____ **Dates: From** _____ **To** _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____

Company: _____ **Immediate Supervisor:** _____

Address: _____

(Street) (City) (ZIP)

Phone: _____ **Dates: From** _____ **To** _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____

Company: _____ **Immediate Supervisor:** _____

Address: _____

(Street) (City) (ZIP)

Phone: _____ **Dates: From** _____ **To** _____ **Type of Business:** _____

Your Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Major Responsibilities: _____

Reason for leaving: _____

Education

Mark highest level completed

Some High School HS/GED Associate Bachelor Master Doctorate/PhD

Last High School or GED school. Give the school's name, city, State, ZIP code (if known).

School City State ZIP

Colleges and universities attended. (Do not attach a copy of your transcript unless requested.)

Name	Address (City & State)	Major(s)	Date of Graduation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Licenses/Certifications

Type	State Issued	Date Issued	Expires	Number
_____	_____	_____	_____	_____
Type	State Issued	Date Issued	Expires	Number

Professional References

1. Name of Reference: _____ Phone #: _____
Address _____ E-mail Address: _____
Working Relationship: _____
2. Name of Reference: _____ Phone #: _____
Address _____ E-mail Address: _____
Working Relationship: _____
3. Name of Reference: _____ Phone #: _____
Address _____ E-mail Address: _____
Working Relationship: _____

To complete the application process your signature, along with the date of the application, is required on the Affidavit and Pre-employment Inquiry Release form on the following page. Because of the personal, sensitive information required to successfully complete pre-employment inquiries, the Affidavit is separated from the Application before it is forwarded to the hiring manager for consideration.

Affidavit and Pre-employment Inquiry Release

PLEASE READ CAREFULLY BEFORE SIGNING the Affidavit and Pre-employment Inquiry Release. This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your employment record.

I certify that all information given on this application and any accompanying documents is true, complete and correct to the best of my knowledge and belief and is made in good faith.

In connection with my employment with CRSA EMPLOYMENT SERVICES, I understand that investigative background inquiries are to be made of myself including Criminal, Driving, Schools and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my Driving, Criminal, Civil and other experiences as well as claims involving me in the files of insurance companies will be requested.

I authorize all schools which I attended and all previous employers to furnish to CRSA EMPLOYMENT SERVICES or their agent, my record, reason for leaving and all information they may have concerning me, and hereby release them and CRSA EMPLOYMENT SERVICES from all liability for any damage whatsoever.

By signing this application, I authorize the Company to make investigations and indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or if employed, may result in my dismissal.

I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by CRSA EMPLOYMENT SERVICES, I agree to abide by all present and subsequently issued rules of CRSA EMPLOYMENT SERVICES.

I also understand that if employed by CRSA EMPLOYMENT SERVICES any claim or lawsuit relating to my service must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of CRSA EMPLOYMENT SERVICES, or otherwise change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company.

Print Full Name _____

Social Security Number _____ and Date of Birth _____

Current Address _____

City/State/ZIP _____

Applicant's Signature _____

Date _____