

# Crossroads Behavioral Healthcare

## Application for Appointment

Human Resources

200 Elkin Business Park Dr., Elkin, NC 28621

Telephone: (336) 835-1000 / Fax: (336) 835-1002

### Instructions to Applicant

Thank you for your interest in Crossroads Behavioral Healthcare. We want to find the best-qualified people available to serve the citizens of Surry, Yadkin and Iredell Counties. Although everyone who applies cannot be hired, your application, if completed properly, will be given every consideration. These directions, and the authorization included for signature, are attached to and are intended to be a part of the application form. Crossroads Behavioral Healthcare is an **Equal Opportunity Employer**.

***It is very important that you read the following instructions and information before attempting to complete the Application for Employment Form:***

1. Use a black ink pen or typewriter.
2. Give complete information on your education and work history. "See resume" is not acceptable. It is permissible for an applicant to attach letters of recommendation, resumes and related materials to the application.
3. List separately each job held and your duties for each position when you worked for one employer and held more than one position. We want complete information. If a position was part-time, the number of hours per week must be entered as accurately as possible. Give complete information on the job duties performed in each position held.
4. We also want the detail for which there are spaces in the Education Section; for example, show major and type of degree received. ***If a degree is required for the position for which you are applying, you must submit a transcript from the college or university attended.***
5. Check your application to be certain that it is complete and accurate. If you leave any part incomplete, your application will not be considered. Sign and initial the application in the places requested. If not signed and initialed, your application will not be processed.

All applicants are subject to the Drug and Alcohol Free Policies adopted by the Crossroads Behavioral Healthcare Board. This Agency is committed to a drug and alcohol free environment in which to provide services to those of our communities who are in need and to protect employees and the public by insuring that all of our employees are fit to perform their assigned duties. An applicant shall be denied employment with Crossroads Behavioral Healthcare if his/her drug test is positive and any applicant who refuses to consent to a drug test will be denied employment with this Agency. **All applicants will be subject to a criminal record check.**

Last Name		First	Middle		Date of application
Street address (number and name)					
City	County	State	ZIP	Telephone no. ( ) Area Code	
			Home:	Work:	
Position 1 Applied for:		Position 2 Applied for:		Position 3 Applied for:	

**Please read carefully and provide all information requested.**

If you are not hired for the position applied for, your completed application form will be maintained in our active files for sixty (60) days from the date of application. You may reapply after 60 days.

<b><i>Educational History</i></b>								
School Name:	Location (City, State)	Major (Course or Subject)	Dates Attended		Graduated?		Degree / Cert.?	Semester and/or Quarter Hours
			From	To	Yes	No		
High school:			No Dates	No Dates	<input type="checkbox"/>	<input type="checkbox"/>		
Technical/trade/Jr. College, etc. (any formal schooling after high school other than those listed below):					<input type="checkbox"/>	<input type="checkbox"/>		
College (list all attended):					<input type="checkbox"/>	<input type="checkbox"/>		
Graduate School:					<input type="checkbox"/>	<input type="checkbox"/>		
Outside Activities (Exclude those indicating race, color, religion, sex, national origin, age, handicap, or Vietnam-era veteran status):								
Professional membership(s), affiliation(s), certificate(s), licenses held, etc.:								
Past and present civic or cultural activities - include offices held:								
Principal hobbies:								
<b><i>Special Skills</i></b>								
<b>To be completed by applicant for office administrative work</b>				<b>To be completed by applicants with special training, licenses, or registration, certifications, etc.</b>				
Word Processing or Typing (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Words per minute:			Area of expertise: Type of machine(s) or equip. operated, state of certificate, etc.			Year obtained - Number -	
Dictation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Words per minute:						Year obtained - Number -	
Computer Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No							Year obtained - Number -	
Foreign Language(s) <input type="checkbox"/> Some Knowledge - <input type="checkbox"/> Fluent -				List Foreign Languages at the fluent level:			Language usable for: Professional? <input type="checkbox"/> Technical? <input type="checkbox"/>	
Please list other skills and/or equipment/experience you have acquired, especially if useful to Crossroads Behavioral Healthcare:				List other administrative or professional skills, especially if useful in the work of the Mental Health Center:				
<b>Applicants do not write in this space.</b> Certificates, licenses, degrees have been verified <input type="checkbox"/> Will be verified in 90 days (G.S. 126-30) by _____				Served apprenticeship or internship: <input type="checkbox"/> Yes - When Served - <input type="checkbox"/> No Type of apprenticeship or internship:				

<b>Miscellaneous</b> (Please read the following questions left to right across the page)	
Were you previously employed by Crossroads Behavioral Healthcare or another Behavioral Healthcare Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when & where?
Do you have any relative(s) currently employed here? (We have no rule that prohibits relatives from being employed here, but it could have a bearing on assignment.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:
If employed and you are under age 18, can you furnish a Work Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of any crimes other than minor traffic violations? (A conviction will not necessarily bar you from employment. A bond is required in some jobs.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain: (Background/criminal checks are conducted for all jobs)
Are you a United States citizen? Proof, when needed, is required before employment. <input type="checkbox"/> Yes <input type="checkbox"/> No	If your answer is "No," can you submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No  If not a citizen, give card number:
Can you work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	If other than Full Time, explain:
Can you work different shifts and/or other than typical office hours? <input type="checkbox"/> Yes <input type="checkbox"/> No  Can you work: <input type="checkbox"/> Evenings <input type="checkbox"/> Early Mornings <input type="checkbox"/> Variable hours <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays <input type="checkbox"/> Overtime	Can you work in Surry County? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid N.C. Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License Number:
Although the leadership of Crossroads Behavioral Healthcare makes every effort to accommodate individual preferences, the needs it has as a health agency may at times make the following conditions mandatory: Sunday, Saturday, and/or holiday work, *overtime, rotating schedule, shift work, etc. I understand and accept these conditions of my employment. <b>Initial:</b> _____	
<b>*Note:</b> For non-exempt employees, all hours worked over 40 each week are compensated at "time and a half."	

***Employment Record***

Starting with previous or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on the back of this sheet.

Last or present employer:				Type of Organization, Government Agency, Etc.	Position Held:
Street Address (number and name):				Supervisor's Name:	Did You Supervise Others? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	County:	State:	ZIP:	Supervisor's Telephone Number:	If Yes, How Many Did You Supervise?
Date Employed (Mo/Yr)	Date Separated (Mo/Yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for leaving:	
Full Time	Years:	Months:	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part Time	Years:	Months:	Part-Time Weekly Hours:		

**List major duties in order of their importance in the job:**


***Employment Record (Continue with next most recent employer)***

Starting with previous or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on the back of this sheet.

Last or present employer:				Type of Organization, Government Agency, Etc.	Position Held:
Street Address (number and name):				Supervisor's Name:	Did You Supervise Others? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	County:	State:	ZIP:	Supervisor's Telephone Number:	If Yes, How Many Did You Supervise?
Date Employed (Mo/Yr)	Date Separated (Mo/Yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for leaving:	
<b>Full Time</b>	Years:	Months:	<b>May we contact your present employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Part Time</b>	Years:	Months:	Part-time Weekly Hours:		

**List major duties in order of their importance in the job:**


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Street Address (number and name):				Supervisor's Name:	Did You Supervise Others? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	County:	State:	ZIP:	Supervisor's Telephone Number:	If Yes, How Many Did You Supervise?
Date Employed (Mo/Yr)	Date Separated (Mo/Yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for leaving:	
Full Time	Years:	Months:	<b>May we contact your present employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part Time	Years:	Months:	Part-Time Weekly Hours:		

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Street Address (number and name):				Supervisor's Name:	Did You Supervise Others? <input type="checkbox"/> Yes <input type="checkbox"/> No
City:	County:	State:	ZIP:	Supervisor's Telephone Number:	If Yes, How Many Did You Supervise?
Date Employed (Mo/Yr)	Date Separated (Mo/Yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for leaving:	
Full Time	Years:	Months:	<b>May we contact your present employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part Time	Years:	Months:	Part-Time Weekly Hours:		

**List major duties in order of their importance in the job:**


**U.S. Military Record (Complete this section for either you or your spouse)**

Branch of service in which actively served for reasons other than training: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Present military affiliation:

None     Reserve (active)     Reserve (inactive)    Highest rank attained: \_\_\_\_\_

Kinds of training and duty while in service: \_\_\_\_\_

Have you met military service registration requirements? If so, certify by initialing here \_\_\_\_\_

**Professional/Work References**

List two past supervisors and one person who is not related to you who would have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (street, city, state, zip code)	Phone No. (Include area code)	Occupation

Wage or salary required: \_\_\_\_\_

Date Available: \_\_\_\_\_

If hired, I agree to conform to the policies, rules, regulations, direction and instructions of Crossroads Behavioral Healthcare.

**Initials:** \_\_\_\_\_

I believe that I will be successful in the position for which I am applying because:

\_\_\_\_\_

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from Crossroads Behavioral Healthcare's service, if employed. I understand that my employment may be contingent upon proof of U.S. Citizenship, verification of birth, and any other pertinent information bearing upon my employment. **Additionally**, I understand that, as a condition of employment, I may be required to be medically screened, that alcohol and drug screening are part of the Crossroads Behavioral Healthcare's Alcohol and Drug-Free Workplace Program.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_