



EMPLOYMENT APPLICATION

CROSSWINDS YOUTH SERVICES, INC.
 An Equal Opportunity Employer
 Drug Free Work Place

**1407 DIXON BLVD
 COCOA, FLORIDA 32922**

www.crosswindsyouthservices.org

Thank you for your interest in Crosswinds Youth Services. It is the policy of Crosswinds Youth Services, Inc. to recruit, hire, train and promote in all job categories without regard to race, color, religion, age, sex, national origin, political affiliation or handicap.

Crosswinds is a Drug Free Work Place. All applicants given an offer of employment must successfully pass a drug screen test and a background screening before being hired. The applicant must provide the \$75.00 screening fee (nonrefundable cash, money order or check) prior to screening. Crosswinds may conduct a pre-employment screening based on this application which may include, but is not limited to, criminal background screening, driver's license history, verification of academic credentials, licensing and certifications and verification of work history.

Crosswinds Youth Services has a smoke free campus. Statement of Policy – It is the policy of Crosswinds, to provide all employees with a smoke free environment in all Public Areas, Crosswinds Buildings, Common Areas and Grounds. The Non-Smoking policy applies to all Crosswinds locations. This policy applies to all employees, guests of and visitors to Crosswinds.

Position(s) Applied For	Date of Application
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Temporary _____ Part Time _____ Full Time _____ Date available for work _____
 Days and hours available for work _____

How did you learn about us?
 Advertisement Friend Walk-In Employment Agency Relative Other _____

Last Name	Middle Name	First Name
Address	City	State
	Zip	Telephone Number(s)
Driver's License Number		Social Security Number
Email Address		

Instructions for this section: Put an "X" in the appropriate box.

Have you ever filed an application with us before: Yes No If yes, give date: _____

Have you ever been employed with us before? If yes, give date and position: _____

Has any member of your family ever been employed with us: Yes No If yes, give date: _____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if your job requires it? Yes No

Do you have your own transportation which can be used for work purposes if required? Yes No

Do you have a valid driver's license and basic automobile insurance? Yes No

In some positions where driving the van is required, the age requirement is at least 21 years old.

What are your reasons for applying for this particular position? _____

What hobbies or interests do you have which may be an asset to this position? _____

Have you, as an adult, ever been convicted, placed on probation, received a suspended sentence or forfeited bail in connection with any offense in any civilian or military court of law? Yes No

List all "yes" responses, including Driving Under the Influence (DUI). Include type of violation, date, place sentenced and fine: _____

EDUCATION

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

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

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Additional references may be requested. Please inform your references that they will be receiving a call from Crosswinds to verify this information and provide a reference for you. Failure to do so could impede the hiring process. If you check "No" below, indicating they cannot be contacted for a telephone reference, please provide an additional employment reference.

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

May we contact this employer for a telephone reference? Yes No

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

May we contact this employer for a telephone reference? Yes No

If you need additional space, please continue on a separate sheet of paper.

List any active professional, technical or occupational licenses, certificates or registrations which you hold (type and registration number):

Other qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience. Indicate any foreign languages that you speak, read and/or write. State any additional information that you feel may be helpful to us in considering your application.

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.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and that 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 this organization.

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 the employer.

Signature Applicant

Date

CROSSWINDS YOUTH SERVICES, INC.

PRE-EMPLOYMENT DRUG TESTING CONSENT FORM

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either refusal to submit to the drug test or a confirmed positive result will disqualify me from further consideration for employment.

If I am hired, I further understand that upon commencement of employment with the company:

1. I may again be required to submit to a drug test for reasonable suspicion and/or as a follow-up to drug treatment.
2. Refusal to take a requested drug test or a confirmed positive drug test result will subject me to disciplinary action up to and including discharge.
3. I understand that if I am injured during the course of my employment and I test positive for the presence of an illegal drug or alcohol, I may be ineligible for medical and indemnity benefits under Florida's Workers' Compensation Law.

I have read in full and understand the above statements and conditions of employment. I further understand that more detailed information is outlined in the policy itself.

SIGNATURE

DATE

WITNESS (Crosswinds Youth Services Employee)

DATE

CROSSWINDS YOUTH SERVICES, INC.

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The information requested in this section is needed to satisfy Federal Equal Employment reporting and a research requirement. This information is separate from the employment application, is filed separately, and is not used by Crosswinds in assessing job qualifications. Read each and every Race/Ethnic Identification below and circle the category to which you APPEAR to belong. Answer all other questions below.

Race/Ethnic Code	Race/Ethnic Identification Categories
White	All persons having origins in any of the original peoples of Europe, North Africa, the Middle East or India.
Black	All persons having origins in any of the Black racial groups.
Hispanic	All persons of Mexican, Puerto Rican, Cuban, Central or South American or any other Spanish culture of origin.
Asian/Pacific Islander	All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands.
American Indian or Alaska Native	All persons having origins in any of the original peoples of North America.

Name: _____ Social Security Number: _____
Last First Initial

Date of Birth: ____-____-____ Sex: Male Female

Are you handicapped within the provisions of the Rehabilitation Act of 1973? Yes No

If you answered YES to the above, please provide us with a brief description of your handicap:
