



11 Crosswell Drive | Sumter, SC 29150 | (803) 778-6441

# Application for Employment

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

All addresses within the last five (5) years: \_\_\_\_\_

\_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you at least 21 years-old with a high school diploma or equivalent? Yes  No

Do you have at least one (1) year of childcare experience? Yes  No

Are you eligible to work in the United States? Yes  No

Do you have a valid driver's license with a safe driving record for the past 7 years? Yes  No

Do you have reliable transportation? Yes  No

If you answered "no" to any of the above, please explain: \_\_\_\_\_

## EMPLOYMENT DESIRED

Full Time  | Part Time  | Other  \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Earliest Starting Date: \_\_\_\_\_ Rate of Pay or Requested Salary: \_\_\_\_\_

Available to Work:		
<i>Hours:</i>	<i>Days:</i>	Have you applied with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Morning	<input type="checkbox"/> Monday	Have you ever worked for us before? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Evening	<input type="checkbox"/> Wednesday	If you answered "yes," please give dates and job title: _____
<input type="checkbox"/> Overnight	<input type="checkbox"/> Thursday	
	<input type="checkbox"/> Friday	
	<input type="checkbox"/> Saturday	
	<input type="checkbox"/> Sunday	

How did you hear about Crosswell Home?

Ad <input type="checkbox"/>	Former Employee <input type="checkbox"/> By: _____
Social Media <input type="checkbox"/>	Current Employee <input type="checkbox"/> By: _____
Indeed <input type="checkbox"/>	Other: _____

Do you have any relatives, friends, or acquaintances working for Crosswell Home? Yes  No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you currently employed? Yes  No

May we contact your current employer? Yes  No

Why do you desire to make a change? \_\_\_\_\_

### EDUCATION

High School: _____	City, State: _____	From: _____ To: _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma <input type="checkbox"/> GED <input type="checkbox"/>
College: _____	City, State: _____	From: _____ To: _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree: _____
Other: _____	City, State: _____	From: _____ To: _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree: _____

Do you have a current CPR certification? Yes  No  Expiration Date: \_\_\_\_\_

Any additional skills, qualifications, licenses, training, or awards:

\_\_\_\_\_

### CRIMINAL BACKGROUND

1. Have you ever been convicted of a crime other than a minor traffic violation? Yes  No
2. Have you ever been accused of or been under investigation for any sexual offense, abuse, or neglect of a child (including any charges that were fully cleared)? Yes  No
3. Have you received more than 2 traffic citations during the past year? Yes  No

If you answered "yes" to any of the questions directly above, please describe:

\_\_\_\_\_

## EMPLOYMENT HISTORY

(Please list ALL previous employers)

Employer: \_\_\_\_\_ May we contact? Yes  No   
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Rate of Pay/Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Employer: \_\_\_\_\_ May we contact? Yes  No   
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Rate of Pay/Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Employer: \_\_\_\_\_ May we contact? Yes  No   
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Rate of Pay/Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Employer: \_\_\_\_\_ May we contact? Yes  No   
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Rate of Pay/Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Rate of Pay/Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_





CROSSWELL  
Home for Children

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## Applicant Certification

I certify that the information contained in this application is accurate. I understand that false information may be grounds for not offering employment or for termination of employment at any point in the future.

I hereby authorize Crosswell Home for Children to (1) investigate the truthfulness of any or all statements made on this application; (2) contact former employers and other listed references or any other persons who can verify this information; and (3) discuss the results of any investigation with other employees of Crosswell Home for Children involved in the hiring process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Applicant Information Release

I hereby authorize any person, educational institution, organization or company I have listed on my employment application and/or resume to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold any current and/or former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Melissa Nance, HR & Finance Manager

\_\_\_\_\_  
Date



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**APPLICATION FOR FBI FINGERPRINT CHECK & DSS CENTRAL REGISTRY CHECK**

The following information is requested in order to make an appointment with Identogo, a digital fingerprinting service, and to complete a database search of child abuse and neglect cases. All portions of this application must be completed.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Maiden Name/Alias: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Addresses: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male  Female

Race: \_\_\_\_\_ Ethnicity: Hispanic  Non-Hispanic

Height: \_\_\_\_\_ Ft \_\_\_\_\_ In Weight: \_\_\_\_\_ lbs

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Place of Birth: State \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I certify that the information contained in this application is correct and understand that falsification, misrepresentation, or omission of information in this application will result in disqualification from further consideration for employment or for dismissal from employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date