



93 A Deming Road  
Berlin, CT 06037

Phone 860-259-5070 - Fax 860-357-4703

www.south-cross.com

### EMPLOYMENT APPLICATION

South Cross, Inc. is an Equal Opportunity Employer. South Cross, Inc.'s policy prohibits discrimination on the basis of age, race, color, religion, sex, marital status, national origin, citizenship, disability, or any other prohibited basis in accordance with applicable federal, state, or local laws.

**PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF THE APPLICATION**

Last Name	First Name	Middle Initial	Today's Date
Street Address			Telephone (Day/Evening)
City	State	Zip Code	Cell Phone

### Job Description

Type of position for which you are applying: <input type="checkbox"/> Companion/ Homemaker <input type="checkbox"/> Personal Care Assistant <input type="checkbox"/> Live-in			
Date Available	Salary Expected	Referral Source:	<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Other
<input type="checkbox"/> Employee Referral (name) _____			

### Availability

Please specify the days and hours you are available

	Yes	No	From	To
Any day, any hour.			Sunday	
			Monday	
Are you available to work on holidays?			Tuesday	
			Wednesday	
Do you have dependable transportation to/from work?			Thursday	
			Friday	
Are you willing to travel?			Saturday	

### Personal Data

	Yes	No
Are you 18 years of age or older?		
Are you a U.S. citizen or are you legally authorized to work in the United States? (If hired, you must be able to submit verification of your identity and legal right to work in the U.S.)		
Have you ever been convicted of a crime? If yes give details including date, location (city), nature of offense and disposition. _____		
Have you ever been convicted of a crime involving violence or dishonesty in a state court or federal court in any state; or was subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction? If yes give details including date, location (city), nature of offense and disposition. _____		

**Notice:** The applicant is not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pertaining to any of the following:

- ▶ a finding of delinquency or that a child was a member of a family with services needs
- ▶ an adjudication as a youthful offender
- ▶ a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon

Any person whose criminal records have been erased shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

**References** Please list three references, preferably work-related

Name	Company / Address	Title / Relationship	Phone Number
1.			
2.			
3.			

**Education**

School Name and Location	Circle highest year completed/Major	Graduated (check one)
High School	9    10    11    12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College From: _____ To: _____	Major: _____ Degree: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other School (Graduate, Trade, etc.) From: _____ To: _____	Major: _____ Degree: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

CNA License  Yes     No

Please list any additional education, training, certificates, license, or special skills that are related to the job for which you are applying:

**Work Experience**

Please list your last four employers. Begin with your current or most recent position.

Dates Employed (Month / Year)	Employer Name, Address and Phone	Supervisor Name(s)	Position(s) Held	Reasons for Leaving
From	Company			
	Address			
To	Telephone			
From	Company			
	Address			
To	Telephone			
From	Company			
	Address			
To	Telephone			

**Read Carefully and Sign Below**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this agency. I understand that this application is not a contract of employment. I understand that the federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or employment agency policy and procedure.

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



93 A Deming Road - Berlin, CT 06037 - 860-259-5070

## Authorization for Release of Data and Records

I authorize South Cross, Inc. to conduct appropriate checks including, but not limited to, a personal background investigation, criminal records check, DMV records check, to determine my eligibility to be employed.

I authorize persons and organizations to release to South Cross, Inc. or its agent, information from former employers, law enforcement agencies and landlords.

With my signature, I release and hold harmless anyone who discloses required information, including company owners and any of their directors, officers, employees or agents, from claims arising from, or connected with disclosures as authorized by this release.

This authorization is executed with the understanding that the data released will be for the official use of South Cross, Inc. A photocopy of this authorization shall be as valid as the original.

Name \_\_\_\_\_

List ALL other first names and last names ever used

Name: \_\_\_\_\_ Year last used: \_\_\_\_\_

Name: \_\_\_\_\_ Year last used: \_\_\_\_\_

Name: \_\_\_\_\_ Year last used: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_