

Application for Employment

Name: Last First Middle Social Security Number

Address: Street City State ZIP

Phone Number: Home Work

Person to contact in case of emergency: _____ Phone Number: _____

Position Desired: _____ Salary Expected: _____

Have you previously applied to Pathways, Inc. for Employment? _____ If so, when? _____

Have you ever been employed by Pathways, Inc.? _____ If so, when? _____ In what position? _____

How did you learn of our organization? _____

How soon would you be available for employment? _____

Have you ever been convicted of a crime (excluding minor traffic violations)? yes no

If Yes, give dates, type of offenses and results of charges: _____

Have you ever been found guilty of professional malpractice? yes no

If Yes, give dates, types of offenses and results of charges: _____

Have your license or professional registration, clinical privileges, staff privileges, professional society membership, or any other institutional affiliation ever been denied, revoked, suspended, reduced, placed on probation, or otherwise relinquished? yes No

If Yes, please explain: _____

EDUCATION

School	Name & Location	Did you graduate	Degree or Diploma
High School			
College			
Graduate			
Post Graduate			
Other			

EMPLOYMENT HISTORY

Provide complete information for all questions in this section. Begin with your current or most recent position. If you require additional space to provide information for description of position responsibilities, your resume or an additional sheet may be attached to this application. However, answers to all other questions must be provided on this form.

Name of Last or Current Employer: _____ Address: _____ City: _____ State: _____

Telephone Number: _____ Position Title: _____ Supervisor's Name: _____

Date Employment Began: _____ Date Employment Ended: _____ Starting Salary: _____ Final Salary: _____

Reason for Leaving: _____ MAY WE CONTACT THIS EMPLOYER ? _____

Responsibilities of this position:

Name of Last or Current Employer: _____ Address: _____ City: _____ State: _____

Telephone Number: _____ Position Title: _____ Supervisor's Name: _____

Date Employment Began: _____ Date Employment Ended: _____ Starting Salary: _____ Final Salary: _____

Reason for Leaving: _____ MAY WE CONTACT THIS EMPLOYER ? _____

Responsibilities of this position:

Name of Last or Current Employer: _____ Address: _____ City: _____ State: _____

Telephone Number: _____ Position Title: _____ Supervisor's Name: _____

Date Employment Began: _____ Date Employment Ended: _____ Starting Salary: _____ Final Salary: _____

Reason for Leaving: _____ MAY WE CONTACT THIS EMPLOYER ? _____

Responsibilities of this position:

ADDITIONAL EMPLOYMENT INFORMATION

Office Machines Operated: _____
Typewriter (list all models): _____
Word Processor (list all models): _____
Personal Computers (list all models): _____
Software Programs used: _____
Other office machines used: _____

Certifications, Licenses, Honors, Etc. (List only those that relate to the position for which you are applying and omit any that may disclose your race, creed, sex, religion, etc.)

Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin).

PERSONAL REFERENCES

List three references that are not relatives or employers listed above.

	Name	Occupation	Company Name & Address	Telephone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

READ BEFORE SIGNING

The distribution or receiving of this application by Pathways, Inc. does not imply or intend to imply an agreement or contract to employ the applicant.

The purpose of this application is solely to allow persons a standardized form on which to submit their qualifications.

Pathways, Inc. is authorized to investigate any information contained herein or information relating to my business background.

My statements and answers to the foregoing are true and complete to the best of my knowledge. I understand that false or misleading statements may result in being disqualified or terminated.

The Immigration Reform and Control Act requires employers to view original documents confirming the identity and right to work of all applicants about to be hired.

Pathways, Inc. is an Equal Opportunity Employer and considers all candidates for employment regardless of race, creed, color, religion, sex, national origin, age, handicap or disability, marital status or veteran's status.

I hereby acknowledge that I have read this application form and understand the purpose and the content of the information requested.

Applicant's Signature

Date