

PATHWAY, INC.
P.O. Box 311206
Enterprise, Alabama 36331-1206
(334)894-5591

EMPLOYMENT APPLICATION

PATHWAY, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER APPLICANTS FOR ALL POSITIONS ON THE BASIS OF QUALIFICATIONS. IT IS THE POLICY OF PATHWAY TO ENSURE EQUAL EMPLOYMENT OPPORTUNITY WITHOUT DISCRIMINATION OR HARASSMENT ON THE BASIS OF RACE, COLOR, RELIGION, GENDER IDENTITY OR EXPRESSION, GENDER (EXCEPT WHERE GENDER IS A BONA FIDE OCCUPATIONAL QUALIFICATION), SEXUAL ORIENTATION, AGE, DISABILITY, MARITAL STATUS, VETERAN STATUS, NATIONAL ORIGIN, GENETIC INFORMATION, OR ANY OTHER CHARACTERISTIC PROTECTED BY LOCAL, STATE OR FEDERAL LAW.

PLEASE PRINT

POSITION DESIRED: _____ DATE OF APPLICATION: ____/____/____

PERSONAL INFORMATION

FULL NAME (Include maiden name if applicable): _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Primary Telephone #: _____

SOCIAL SECURITY #: _____-_____-_____ ARE YOU OVER THE AGE OF 18 YEARS? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO
(If offered employment, you will be required to provide documentation to verify eligibility)

DO YOU HAVE A VALID DRIVER LICENSE ISSUED BY THE STATE OF ALABAMA? YES NO

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED WITH PATHWAY? YES NO

DO YOU HAVE ANY FRIENDS OR RELATIVES CURRENTLY EMPLOYED BY PATHWAY? YES NO

If so, who? (If a relative, please indicate their kinship to you): _____

HOW DID YOU HEAR ABOUT PATHWAY? *Friend/relative works here* *Newspaper Ad*
 Employment Service *Other*

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB ? YES NO
(If you have any questions about the requirements of the job, please stop now and ask the interviewer before answering this question.)

If NO, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

APPLICANT NAME: _____

DURING THE LAST TEN YEARS, HAVE YOU BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC OFFENSES? YES NO

If YES, Explain (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

DO HAVE ANY SPECIAL INTERESTS, SKILLS OR TALENTS THAT MAY CONTRIBUTE TO YOUR SUCCESS IN WORKING WITH CHILDREN AT PATHWAY? (Omit any volunteer work or activities which reflect your race, religion, age, gender, sexual orientation, marital status, or disabilities. Examples may include woodworking, gardening, arts and crafts, extensive travel, etc.)

EDUCATIONAL INFORMATION*

FORMAL EDUCATION

	Name/Location of School	Course of Study/Major	# of Years Completed	Diploma/Degree Earned
HIGH SCHOOL			(Circle One) 1 2 3 4	<input type="checkbox"/> Regular <input type="checkbox"/> Honors <input type="checkbox"/> GED
VO-TECH SCHOOL				
COLLEGE			(Circle One) 1 2 3 4	<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> Other
GRAD. SCHOOL			(Circle One) 1 2 3 4	<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Other
OTHER				

PLEASE LIST ANY ACADEMIC HONORS OR SCHOLARSHIPS (Do not list any which reflect your race, religion, national origin, age, disabilities, or veteran status) _____

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, OR SKILLS: _____

HAVE YOU RECEIVED ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? YES NO

APPLICANT NAME: _____

CERTIFICATIONS AND LICENSES

TYPE OF LICENSE	ISSUED BY	NUMBER	EXPIRES

PROFESSIONAL MEMBERSHIPS (You need not disclose membership in organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

1. _____ 3. _____
 2. _____ 4. _____

EMPLOYMENT HISTORY

Start with your current or most recent employer first. Include U.S. military service if applicable. Do not exclude planned temporary employment. Do not exclude any period of employment. If you have been employed for the past ten years, you may limit your reporting to that period of time. You may attach another page if necessary. Previous salaries or wages will not be used to determine your compensation at Pathway, Inc.

1. Current or most recent employer

Company Name and Address	Employment Dates	Supervisor
_____	From: ____/____ month year	Name: _____
_____	To: ____/____ month year	Title: _____
_____	<u>Salary</u>	May we contact for references?
_____	Starting: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Telephone # _____	Ending: _____	Telephone # _____
Job Title and brief summarization of your responsibilities:		
Reason(s) for leaving this employer:		

APPLICANT NAME: _____

EMPLOYMENT HISTORY (continued)

Company Name and Address	Employment Dates	Supervisor
_____ _____ _____ _____ Telephone # _____	From: ____/____ month year To: ____/____ month year <p style="text-align: center;"><u>Salary</u></p> Starting: _____ Ending: _____	Name: _____ Title: _____ <p style="text-align: center;">May we contact for references?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> Telephone # _____
Job Title and brief summarization of your responsibilities: 		
Reason(s) for leaving this employer: 		

Company Name and Address	Employment Dates	Supervisor
_____ _____ _____ _____ Telephone # _____	From: ____/____ month year To: ____/____ month year <p style="text-align: center;"><u>Salary</u></p> Starting: _____ Ending: _____	Name: _____ Title: _____ <p style="text-align: center;">May we contact for references?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> Telephone # _____
Job Title and brief summarization of your responsibilities: 		
Reason(s) for leaving this employer: 		

APPLICANT NAME: _____

EMPLOYMENT HISTORY (continued)

Company Name and Address	Employment Dates	Supervisor
_____	From: ____/____ month year	Name: _____
_____	To: ____/____ month year	Title: _____
_____	<u>Salary</u>	May we contact for references?
_____	Starting: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Telephone # _____	Ending: _____	Telephone # _____
Job Title and brief summarization of your responsibilities:		
Reason(s) for leaving this employer:		

If any employment listed above was under a different name, indicate name: _____

Have you ever been discharged or asked to resign from a job? YES NO

If YES, please explain: NA _____

Explain any gaps greater than three (3) months in your employment history: NA _____

List any non-family references you may wish to provide **other than those noted in your employment history.** None

1. NAME: _____ Telephone #: _____

2. NAME: _____ Telephone #: _____

DATE AVAILABLE FOR WORK: ____/____/____ SALARY DESIRED: _____ per _____

APPLICANT NAME: _____

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

Questions regarding this statement should be directed to the Chief Operating Officer of Pathway, Inc. before signing.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I hereby attest that all of the information provided by me in this application (or any accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or in termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. In consideration for employment with Pathway, if employed, I agree to abide by all of Pathway's rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either Pathway, Inc. or me. I further understand that no representation, whether oral or written by any representative or agent of Pathway, Inc., at any time, can constitute a contract of employment. I understand that Pathway, Inc. shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms or conditions of employment.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on Pathway, Inc. I understand this decision is to rest with Pathway, Inc.

If employed, I agree to hold in strictest confidence any information concerning the business operations of Pathway, Inc. which may come to my knowledge. Further, I agree to regard all Pathway, Inc. documents, forms, and manuals as proprietary materials and decline disclosure to any unaffiliated person or entity.

I understand that if offered a position with Pathway, Inc, I will be required to submit to physical examination by a qualified medical professional, drug screening, and background investigation as conditions of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these employment tests and/or investigations will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to Pathway, Inc. and/or any of its representatives, agents, or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three (3) months. If I wish to be considered for employment after this period I must complete and submit a new application.

By signing below I acknowledge that I have read, understood and agree to the above statement.

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

WITNESS TO SIGNATURE: _____ DATE: ____/____/____

FOR ADMINISTRATIVE USE ONLY - APPLICANT STATUS

- Application Reviewed. Will not be scheduled for an interview. Letter of appreciation for interest to be mailed.
- Application Reviewed. Interview conducted. Selected another candidate. Letter of appreciation to be mailed.
- Application Reviewed. Interview conducted. Candidate hired. **START DATE:** ____/____/____

AUTHORIZED SIGNATURE/TITLE: _____ DATE: ____/____/____