

**APPLICATION FOR EMPLOYMENT
PATHWAYS FOR THE FUTURE
DBA DISABILITY PARTNERS
CENTER FOR INDEPENDENT LIVING**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation or any other legally protected status.
This organization is an equal opportunity provider and employer.

GENERAL INFORMATION

Position(s) Applied For: _____

Date of Application: _____

How Did You Learn About Us:

- Advertisement Friend Walk-In
 Employment Security Commission Relative Other _____

Last Name _____ First Name _____ Middle Name _____

Address: _____ State _____ Zip _____

Mailing if different _____ State _____ Zip _____

Telephone: Home _____ Work _____

Social Security Number _____

Have you ever filed an application with us before? Yes No
If Yes, date _____

Have you ever been employed with us before? Yes No
If Yes, date _____

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

On what date would you be available for work Date _____

Are you available to work: Full Time Part Time
 Temporary

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

Can you travel if the job requires it? Yes No

Have you ever been convicted of a crime? Yes No
If Yes, please explain _____

EDUCATION

Do you have a High School Diploma Yes No
High School Attended _____

If No, do you have a high school equivalency diploma Yes No
School Attended _____

Do you have a degree from a College or University Yes No
College or University attended _____

If no degree, but did attend college, what courses did you study _____

Indicate any foreign languages, including sign language, you can speak, read and/or write:

Speak _____

Read _____

Write _____

Describe any specialized training, apprenticeship, skills, volunteer and extra-curricular activities:

List professional, trade, business or civic activities and/or offices held:

Former Employer _____ Supervisor _____
Address _____ Telephone Number _____
Job Title _____ Hire Date _____ Term Date _____
Starting Salary \$ _____ per _____ Ending Salary _____ per _____
List major job duties in order of their importance _____

Reason for leaving _____

Former Employer _____ Supervisor _____
Address _____ Telephone Number _____
Job Title _____ Hire Date _____ Term Date _____
Starting Salary \$ _____ per _____ Ending Salary _____ per _____
List major job duties in order of their importance _____

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List major job duties in order of their importance _____

Reason for leaving _____

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application

NOTE TO APPLICANTS

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

REFERENCES

1. Name _____	Telephone # _____
Address _____	Relationship _____
2. Name _____	Telephone # _____
Address _____	Relationship _____
3. Name _____	Telephone # _____
Address _____	Relationship _____
4. Name _____	Telephone # _____
Address _____	Relationship _____

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.

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 the employers may discharge the employee at any time with or without cause.

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.

I have received a copy of the drug policy referenced below.

Signature of Applicant

Date

Pathways For the Future is a drug free workplace. A copy of the company Alcohol and Drug Policy is attached for your review and to keep for your records. Please read the policy carefully before submitting this application for employment with our organization.

If our organization extends an offer of employment to you, you will be subject to a criminal background investigation. Pathways may require a drug screening through sources we deem necessary to determine your qualifications for employment with our organization.

PLEASE KEEP THE ATTACHED DRUG POLICY FOR YOUR RECORDS