

Employment Application



Employment application remains active for (1) year after date of submission.

Name First, Middle Initial, and Last:

Address:

City:

State:

Zip/Postal Code:

SS Number:

Pathway Services Unlimited, Inc.
1905 West Morton Ave
Jacksonville, Illinois 62650
Phone: 217-479-2300
www.pathwayservices.org

Phone Number

Cell Phone Number

email

Positions Applied for:

Please check the appropriate statement(s) below:

- I am available to work days.
- I am available to work evenings.
- I am available to work weekends.
- I am available to work overnights.
- Full-Time
- Part-time
- Full or part-time

When available to begin work?

Salary Desired:

Have you ever worked for Pathway Services Unlimited before? Yes No

Under what name?

When?

In what Position?

How did you hear about this position? (Check all that apply)

Advertisement Job Service Walk-In Other

Pathway Services Unlimited employee Referred by:

Are you a citizen of the United States or a lawfully immigrated alien, legally eligible to work? Yes No

EDUCATION

List the schools you have attended.

Name and Address	Number of Years Completed	Major (s)	Degree or Diploma
High School <input type="text"/>			
College <input type="text"/>			
College <input type="text"/>			
Post Graduate <input type="text"/>			
Other (Such as GED) <input type="text"/>			

List any certifications or licenses which you currently hold.

Describe any volunteer experience or life experience which you feel relate to this position. Be specific about experience (s) with individuals who have developmental disabilities.

MILITARY SERVICE

Branch: <input type="text"/>	Rank in Military: <input type="text"/>
Date of Entry: <input type="text"/>	Date of Discharge: <input type="text"/>

Related Details:

Skills / Duties:

Previous Employment (list up to 3)

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.

Name of Employer:

Name of last supervisor:

Was this employment: Full time or Part time?

Full-Time Part-Time

Dates of employment:

From: **To:**

Salary:

From: **To:**

Complete Address:

Phone #:

Last job title:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this employer:

Reason for Leaving (be specific):

May we contact this employer: Yes No

2.

Name of Employer:

Name of last supervisor:

Was this employment: Full time or Part time?

Full-Time Part-Time

Dates of employment:

From: **To:**

Salary:

From: **To:**

Complete Address:

Phone #:

Last job title:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this employer:

Reason for Leaving (be specific):

May we contact this employer: Yes No

3.

Name of Employer:

Name of last supervisor:

Was this employment: Full time or Part time?

Full-Time Part-Time

Dates of employment:

From: **To:**

Salary:

From: **To:**

Complete Address:

Phone #:

Last job title:

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this employer:

Reason for Leaving (be specific):

May we contact this employer: Yes No

Is this a complete list of employers? Yes No

REFERENCES

Please list three persons other than relatives and former employers who have known you for at least three years who can speak about your general character. PLEASE GIVE COMPLETE ADDRESSES AND PHONE NUMBERS.

Name	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>	Zip Code	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Name	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>	Zip Code	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Name	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>	Zip Code	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>

PHYSICAL INFORMATION

Do you have any physical condition which could substantially affect your performance in the position for which you are applying or which we should take into account in deciding for what position you are suited?

Yes No

Do you need any special accommodations?

Yes No

If you answered "Yes," to either of the above questions please explain

Do you have a drivers license? If no, please list your state ID information.

Issuing State

Drivers License #

Expiration Date

Date of Birth

We are required to complete background checks on all employees. Please complete the following information.

A Health Care Worker registry check is required by Illinois law and/or the Agency. An applicant / employee for any position in our Agency shall not be hired and may be terminated if the Health Care Worker registry report indicates such person is identified as having substantiated findings of abuse, neglect, egregious neglect or financial exploitation. There is no charge for this registry check. Please complete the following information:

Have you ever been convicted of a crime other than a minor traffic violation? A "yes" answer will not automatically eliminate your application from consideration. You are not obligated to disclose sealed or expunged records of conviction or arrest.

Yes No

If yes, list all pertinent details; including date and offense for which you were convicted:

I certify that the 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 understand that this application is not intended to be a contract of employment, and further, that if employed, my employment is on an at will basis and may be terminated at my discretion or at the discretion of Pathway Services Unlimited.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal from employment.

I hereby give permission to check on the information provided in this form.

Name

Date

Pathway Services Unlimited, Inc. is an equal opportunity employer and does not discriminate based on race, sex, creed, religion, color, marital status, parental status, age, national origin, political affiliation and/or beliefs, mental handicap, physical handicap, citizenship status, unfavorable discharge from the military, disability, genetic information, or sexual orientation.

AREA: Human Resources

DATE: 6/30/2004

SUBJECT: Pre-Employment, Contractual Employment,
and Volunteer Drug Screening

REVISION DATE: ~~2/26/2010~~
7/6/2012

POLICY NO: 103.05

RELATED POLICIES: 101.13, 103.03; 103.32

POLICY

The unlawful manufacture, distribution, dispensation, possession, or use of illegal drugs and/or illegal use of controlled substances by Pathway employees, contractual employees, and/or volunteers and/or being under the influence of same while at work or while providing volunteer services, is inconsistent with Pathway's commitment to a healthy workforce and a safe and productive work environment for employees, visitors, volunteers and individuals who receive services from the agency. Pathway is committed to maintaining a safe and drug-free workplace.

This policy applies to all applicants being considered for employment by the agency and contractual employees and/or volunteers who have contact with individuals receiving services from our agency (e.g. interns or student volunteers). Pathway requires all applicants considered for employment, contractual employees and volunteers as previously described to authorize and complete a drug screen test, the results of which will be submitted to Pathway. Signature on the application for employment, on the employment contract, or on the volunteer application indicates the applicant's / contractual employee's / volunteers consent to this policy. Applicants who refuse to sign a separate acknowledgment / consent / release form will not be hired. Potential contractual employees who refuse to sign a separate acknowledgement / consent / release form will not be considered for a contractual position. Volunteers who refuse to sign a separate acknowledgment/ consent / release form will not be considered for a volunteer position.

Applicants, prospective contractual employees, and/or /prospective volunteers who refuse to take the drug screen test, who fail to keep the appointment for the same, who refuse to cooperate or comply with procedures for the test(s) in any way (including those whose samples and/or tests are altered, switched or tampered with), or who are found as a result of the test(s) to have: i) any detectable level of an illegal drug, ii) any detectable level of a drug indicating illegal use of a controlled substance and/or a synthetic substance, will not be tolerated and will preclude the applicant, potential contractual employee, and/or prospective volunteer from further consideration.

PURPOSE

To promote employee health and a safe and productive environment for employees, visitors, volunteers and individuals who receive services from the agency.

PROCEDURES

1. The Application for Employment or Volunteer Application, and / or a separate Acknowledgment/Consent/Release form will be signed by each applicant for employment, contractual employee, and/or prospective volunteer, indicating the applicant's agreement to abide by this policy.
2. Each applicant considered for employment, contractual employee, and/or prospective volunteer will be sent to a medical facility for the scheduled screening and directed on procedures at that time. Full and prompt cooperation is required.
3. The results of the drug screen test will be sent by the medical facility to the agency's Human Resources Director or designee.