

Personal Information			
Candidate: <b>NAME</b>		Date Created:	
		Date of Application:	
Position:		Application Method:	
Location:		Referral Source:	
Main Phone:		Alternate Phone:	
Address:			
Email Address:			

Core Questions
Please enter the name of the specific source where you learned about this position:
How many years experience do you have working with individuals with development disabilities?
What is your highest education level?
Do you have a valid driver's license, current auto liability coverage and current auto registration?
If 'No', which one(s) do you NOT have?
What days/nights & hours are you available to work?
What cities can you work in?
Have you ever worked for Pathfinder, Inc.? If yes, when and what location?
Do you have any family members who work for Pathfinder, Inc.? If yes, please give full name.

Education			
Institution:		Institution Type:	
Location:		Start Date:	Completion Date:
Degree:		Overall GPA:	
Major:			
Notes:			

Employment History	
Employer:	
Phone:	
Job Title:	

Employment History continued...

<b>Duties:</b>				
Reason for Leaving:				
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:	
Supervisor:				
May we contact?				
Employer:				
Phone:				
Job Title:				
<b>Duties:</b>				
Reason for Leaving:				
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:	
Supervisor:				
May we contact?				
Employer:				
Phone:				
Job Title:				
<b>Duties:</b>				
Reason for Leaving:				
Dates of Employment:	<i>From:</i>	<i>To:</i>	Rate of Pay:	
Supervisor:				
May we contact?				

Skills Experience				
Skill:				
Last Used:		Skill Level:		Years of Experience:
Skill Summary:				
Skill:				
Last Used:		Skill Level:		Years of Experience:
Skill Summary:				
Skill:				
Last Used:		Skill Level:		Years of Experience:
Skill Summary:				

Licenses and Certifications			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			

Licenses and Certifications continued...

Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			
Certification Type:		Registration Number:	
Geographic Area:		Certification Date:	
Additional:			

### Criminal History

**Have you ever been convicted of a criminal offense for which a pardon has not been granted?**

Have you been convicted of a crime?

Agency:			
Type of Crime:			
Disposition:			
Date Involved:		County:	
<b>Explanation:</b>			
Agency:			
Type of Crime:			
Disposition:			
Date Involved:		County:	
<b>Explanation:</b>			
Agency:			
Type of Crime:			
Disposition:			
Date Involved:		County:	
<b>Explanation:</b>			

### References

Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			
Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			

References continued...

Name:		Personal Reference?	
Organization:		Title:	
Phone:		Email:	
Address:			

**Please read carefully before signing**

**We are an Equal Opportunity Employer. We will consider applicants for this position without regard to any category protected by applicable federal, state or local law, including but not limited to: race, color, religion, sex, national origin, age, physical or mental disability, genetic information, veteran status or uniformed servicemember status.**

I certify that the facts set forth in this employment application and attached application materials including but not limited to my resume, are complete, true and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for this position or if hired, disciplinary action up to and including discharge.

I understand that as part of the hiring process and where permitted by federal, state, and/or local law the company may wish to obtain "consumer reports" as part of a background investigation. If applicable and permitted by law, I understand the company will provide me with separate written notification of this intent and I agree to complete any requisite authorization forms.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. IF HIRED, I UNDERSTAND THIS MEANS THAT EITHER THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE OR CAUSE. FURTHER, NO EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT, EXPRESS OR IMPLIED, WITH ME OR ANY OTHER APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

I authorize the company to confirm all statements in this application and/or on my resume as it relates to the position and to the extent permitted by applicable law. I hereby release the company and its authorized representatives to verify all information provided by me. I authorize any party contacted by this employer including persons, schools, organization or former employers to disclose such information from any liability, claims, charges or causes of action which may result of the delivery or disclosure of requested information.

I have read all of the information contained in this candidate profile.

continued...

Print Name:

eSignature:

Date: **06/01/2023**

**Please read carefully before signing**

I understand that employment is subject to verification of lawful age and legal right to work in the United States. I will submit such documents as may be necessary to verify same.

**DRUG SCREEN-** I agree to submit to a drug test and hereby authorize the medical contractor performing the test to provide Pathfinder, Inc. a complete record and/or report. I understand that my conditional offer of employment is subject to the satisfactory completion of the drug test in compliance with the Pathfinder, Inc. Drug Free Work Place Policy.

**EMPLOYMENT SCREEN -** I authorize Pathfinder, Inc. its employees, assigns, and agents to conduct an investigation of the information contained in this application, or other matters concerning my past employment of other activities and to obtain or direct the issuance of reports or other statements which may be furnished or obtained concerning same. I hereby release from liability and responsibility all persons, companies or corporations supplying such information and Pathfinder, Inc. in obtaining such information and hereby release an law enforcement agency, the various military services, and/or their agents from liability of any kind for damages which may result from furnishing information about me.

**EMPLOYMENT AT WILL-** I understand and agree that if employed, and as a condition of my employment, the employment will be "at will". That is, either I or Pathfinder, Inc. may end the employment relationship at any time, for any reason, or for no reason. I further understand that no representative of Pathfinder, Inc. has authority to enter into any agreement with me for any specific period of time or make any agreement with me contrary to the foregoing. I understand that nothing contained in my employment application or in the granting of an interview is intended to create an employment contract between Pathfinder, Inc. and myself for either providing of any benefit. Finally, I understand that none of the benefits or policies in any handbook issued to me by Pathfinder, Inc. are intended by reason of their publication to confer any rights or privileges to said benefits or polices, or to entitle me to be or remain employed by Pathfinder, Inc. or provisions I the handbook are procedural or are a guideline and Pathfinder, Inc. has the right to change any policy benefits or procedure at any time without notice.

I understand that any misleading or incorrect statements render this application void in the event of my employment prior to discovery of any falsehood regarding statements and records about and/or for me. I understand such activity is cause for immediate dismissal.

I have carefully read the above and fully understand the same.

*continued...*

I certify that the facts set forth in the employment application and accompanying application materials are true and complete to the best of my knowledge.

Print Name:

Signature:

Date: