



APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and ensure you that Pathways is interested in your qualifications. Please assist us in placing you in the position that best meets your qualifications by filling out this application as completely and clearly as possible.

PERSONAL INFORMATION

_____ Today's Date: _____
Name (Last, First, Middle)

_____ Day Phone: _____
Present Address (Street Address, City, State, Zip Code)

_____ Night Phone: _____
Permanent Address (Street Address, City, State, Zip Code)

Position applied for: _____ TX Drivers License: ___yes ___no

Available for: ___full-time ___part-time Date you will be available for work: _____

Social Security Number: _____

Have you lived in another state during the last 3 years? ___yes ___no

REFERENCES

Please list persons who can give substantial references to your character (excluding relatives and former employers).

Name and Occupation	Address (Street, City, State, Zip Code)	Phone Number
1)		
2)		
3)		



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EDUCATION

	Name and Address (City, State)	Course of Study	Degree or Last Year Completed
High School			
College or University			
Other (specify)			

MILITARY

Were you in the armed forces? _____

What branch? _____

Discharge Grade/Rank? _____

Dates of Duty: _____

GENERAL

Why do you seek employment with Pathways? _____

List any experience that makes you qualified for the position for which you are applying: _____



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EMPLOYMENT HISTORY - Please list all previous employers starting with present employer first.

Name of Employer		Phone	Supervisor
Position	Starting Salary	Final Salary	Dates of Employment
Nature of Work			
Reason for Leaving			

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Position	Starting Salary	Final Salary	Dates of Employment
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May we contact the employers listed; if not, please specify: _____

List any other skills, qualifications, licenses or experiences which you feel would qualify you to work with Pathways:

Have you ever been convicted, plead guilty or no contest to any criminal charges? _____

If so, please explain: _____

I understand that a Criminal History Check will be conducted and that references will be checked. By signing below, I agree to release and hold harmless any and all persons, employers, and/or agencies from liability pertaining to information given about me concerning my character, work history, or reputation. I also release Pathways Youth and Family Services, Inc. from liability in regard to obtaining this information and its use in considering my employment with Pathways Youth and Family Services, Inc.

The information on this application for employment is true and complete. I understand that if I am employed, false statements on this application will be sufficient cause for dismissal. I also authorize release of this information to all Pathways funding agencies.

Signature of Applicant

Date



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I hereby authorize any agency, employers, law enforcement, and my personal and professional references to disclose records and/or information relating to my experience to:

Pathways Youth and Family Services, Inc.
P.O. Box 689
Leakey, Texas 78873

The authorization also includes all verbal communication between anyone releasing information and the staff at:

Pathways Youth and Family Services, Inc.
P.O. Box 689
Leakey, Texas 78873

Disclosure is made for the purpose of employment.

Please Print

First Middle Last

Other Names (maiden, married, etc.)

Street Address City State Zip Code

County Telephone

D.O.B Soc. Sec. Number Drivers License

List all other cities in Texas where there has been residency

SIGNATURE



APPLICATION FOR EMPLOYMENT

AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME

FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care facility, potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute this affidavit with the application for employment:

STATE OF _____

COUNTY OF _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date) (if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: _____ Date: _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer _____
(seal, if any, of notarial officer)

My commission expires: _____



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APPLICATION INSTRUCTIONS:

- PRINT IN **BLACK OR BLUE** INK OR TYPE
- Fill out application form completely
- Do not leave questions blank
- If questions are not applicable, enter “N/A”
- Be sure to sign and date when completed.
- A signed and notarized Affidavit for Employment (Page 6) must be submitted with the completed application.

You may make copies of this application and enter different position titles, but **each copy must have an original signature** and indicate the correct job title you’re applying for.

Be careful to note any education, certificates, licenses, training or specific experience required for individual positions. Applications should normally be tailored to each specific job posting so that the applicant can emphasize work experience most relevant to that position.

The information included in the employment history section of the application will be the official record of your employment experience. It must accurately reflect all significant duties performed.

Screening for work experience is based on the information listed in the employment history section.

APPLICANTS MUST DEMONSTRATE IN THE APPLICATION HOW THEY MEET THE MINIMUM EDUCATION AND EXPERIENCE REQUIREMENTS AS STATED IN THE JOB POSTING.

No assumptions will be made. Be specific and detailed when providing information in the employment history section. Failure to list specific examples of work duties in all areas of qualifications, knowledge, skills and abilities listed in the job posting may result in the applicant being considered unqualified and/or not being granted an interview.

Include ALL employment. If necessary, please attach a complete listing or submit a copy of your resume with the job application **BEGIN WITH YOUR CURRENT OR LAST POSITION AND WORK BACK TO YOUR FIRST.**

Employment history should be included for each position held, even those with the same employer. List each position separately and indicate duties and complete dates for each position held.

Summaries of experience should clearly describe your work experience/duties that meets each qualification listed in the job posting.

GIVE A BRIEF SUMMARY OF THE TECHNICAL AND, IF APPROPRIATE, THE MANAGERIAL RESPONSIBILITIES OF EACH POSITION YOU HAVE HELD.

Copies of college transcripts, certifications and/or licenses should be attached to the application, if specified in the job announcement.

Pathways Youth & Family Services, Inc. is an **Equal Opportunity Employer** and does not discriminate on the basis of race, color, religion, gender, national origin, age or disability.

SUBMITTING APPLICATIONS:

ALL APPLICATIONS MAY BE MAILED, FAXED OR HAND DELIVERED TO THE ADDRESS INDICATED IN THE JOB ANNOUNCEMENT. IF FAXED, ORIGINALS MUST BE SUBMITTED TO PATHWAYS OFFICE FOR APPLICATION TO BE CONSIDERED COMPLETE.

IF NO ADDRESS IS INDICATED, YOU MAY HAND DELIVER OR SEND IT TO THE LOCAL PATHWAYS OFFICE NEAR YOU AND IT WILL BE FORWARDED TO THE APPROPRIATE DEPARTMENT.

For a complete list of local Pathways offices please see www.pathway.org



**Pathways
Youth and Family Services**

I certify that I do not have any detectable amounts of prohibited substances in my system at the time of taking my pre-employment drug screen. I understand that if my drug screen turns out positive for a prohibited substance, I will not be eligible for hire, or if I am hired pending the outcome of such a test, I will be subject to immediate termination...

Applicant Signature _____

Printed Name _____ date _____