



Employment Application

33 Denison Parkway West
 Corning, NY 14830

(607) 937-3200 Administrative Offices
 (607) 937-3205 Human Resources fax

Website address: www.pathwaysforyou.org

GENERAL INFORMATION

Date of Application: _____

Applicant Name: _____

Present Address: _____

Home Telephone Number: _____

How Long at Present Address? _____

Daytime Telephone Number: _____

Email Address: _____

Cell Phone: _____

Position(s) Applied for: _____

Status Desired: FT PT Relief/Substitute How many years of relevant experience do you have? _____

EDUCATION

	School	City	State	Degree	Major	Graduated?
High School						<input type="checkbox"/> Yes <input type="checkbox"/> No
College						<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate						<input type="checkbox"/> Yes <input type="checkbox"/> No

License/Certification Type	License/Certification Number	Effective Date	Expiration Date

- ◆ Have you ever been convicted of a crime? Yes No
 If yes, please explain. _____
- ◆ Are you at least 18 years of age? Yes No
- ◆ How did you hear about Pathways and this position? _____
- ◆ Have you ever applied for work at Pathways? Yes No
 When & Where: _____
- ◆ Have you ever been employed by Pathways? Yes No
 When & Where: _____
 Reason for Leaving: _____

PERSONAL CHARACTER REFERENCES (List Three Persons Other Than Relatives or Former Employers)

Name	Daytime Telephone #	Address (Include City, State, Zip)	Occupation	Years Known
1)				
2)				
3)				

VOLUNTEER/INTERNSHIP EXPERIENCE

Name of Agency: _____	Name of Contact: _____
Address: _____	Telephone #: _____
Timeframe: _____	Responsibilities: _____

SKILLS AND EXPERIENCE

(Please use the space below to state your skills, experience and why you feel that you are qualified for this position.)

MOST RECENT EMPLOYMENT EXPERIENCE

(List all information regarding your last three employers, beginning with present or most recent employer)

EMPLOYER NAME		Supervisor Name, Title, Daytime Phone		Salary (Start)	Salary (Final)
From (MO/YR)	To (MO/YR)	Describe Major Duties, Responsibilities, Accomplishments			
Employer's Address					
Employer's Telephone #					
Job Title					
Reason for Leaving					
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					
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May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					

SPECIFIC EMPLOYMENT EXPERIENCE IN THIS FIELD

(List information for any other employment, other than the first three on the previous page, to show additional years of specific experience in this field. This information is critical to determining rate of pay, should you be offered employment with Pathways, Inc.)

EMPLOYER NAME		Supervisor Name, Title, Daytime Phone		Salary (Start)	Salary (Final)
From (MO/YR)	To (MO/YR)	Describe Major Duties, Responsibilities, Accomplishments			
Employer's Address					
Employer's Telephone #					
Job Title					
Reason for Leaving					
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					
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Employer's Address					
Employer's Telephone #					
Job Title					
Reason for Leaving					
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later					

I hereby authorize and request any and all of my former employers, educational institutions, and any other person, firm or corporation to furnish any and all information concerning my personal, education and/or employment background, and I hereby release each such employer, educational institution or other person, firm or corporation from any and all liability by reason of furnishing the requested information. All information I have provided in this application is true.

I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal; and 2) my employment is for no definite period and I may, regardless of the day of payment of my wages and salary, be terminated at any time without prior notice.

Applicant's Signature _____

Date _____

Required for online submissions.

Check box to acknowledge agreement with above statements, in lieu of signature.