



# Employment Application

33 Denison Parkway West  
 Corning, NY 14830

(607) 937-3200 Administrative Offices  
 (607) 937-3205 Human Resources fax  
 Web 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: (Check all that apply)     Full Time     Part Time     Relief/Substitute

Shift Desired: (Check all that apply)     Days     Evenings     Overnights

Program(s) of Interest: (Check all that apply)     Child Care     Mental Health     Developmental Disabilities  
 Traumatic Brain Injury/Nursing Home Transition and Diversion/Home Care Services

## 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.)

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**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			
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			
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			

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

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.