

Position Applied for _____

Date received by Pathway ____/____/____

PATHWAY CARING FOR CHILDREN APPLICATION FORM

Thank you for your interest in Pathway. We are looking for high quality people who wish to contribute positively to the lives of the youth who come to us. This work is difficult, demanding, and often discouraging; yet there are many rewards that come from knowing that you have helped youth grow up. Furthermore, if you are hired, discovery of inaccurate information provided on the application is grounds for immediate termination of employment.

Please note that failure to complete the application accurately and thoroughly may result in your application being disqualified from consideration.

1. Name _____ Phone _____

2. Street Address _____ City _____ State _____ Zip _____

County _____ Email address _____

3. Are you over 21 years old? _____ (You will be asked to provide proof of age that will be known only to the person sending out references and police record checks and will not otherwise be considered in the hiring process.)

4. Occupation _____

5. Did you complete high school? _____ Yes _____ No

6. Did you complete college? _____ Yes _____ No If no, how far did you go? _____

Where did you attend? _____

Degree Earned _____

7. What were your major subjects? _____

8. Do you have any special license or certifications? _____ Yes _____ No Please list _____

9. What other special training do you have (business, professional, arts, crafts, dramatics, etc.)?

10. What special interest or hobbies do you maintain?

11. Do you have a valid drivers license? _____ Yes _____ No Do you have a car? _____ Yes _____ No

Liability Insurance? _____ Yes _____ No

12. Describe your driving record, include listing of all moving traffic violations.

13. Have you lived in Ohio for the last past five consecutive years? _____yes _____no

14. Why do you wish to be involved in this program?

15. Have you ever had experience as a volunteer? Yes No

If yes, what did you do? _____

16. What is your career goal?

17. What special contribution would you make to Pathway and/or to the lives of the youth who come to us?

18. Do you smoke cigarettes or use tobacco in some other form? Yes No

(Pathway does not allow smoking or use of tobacco products in any buildings owned or used by Pathway, on the grounds thereof, or in the presence of any youth in the care of Pathway.)

19. Have you ever engaged in criminal behavior, broken the law, whether or not you were convicted of that behavior? Please explain, including dates of the behavior.

20. Have you ever been involved with Child Protective Services in any way? Yes No

If yes, have you ever had any abuse or neglect allegations made against you? Yes No

If yes, what was the finding? Unsubstantiated Substantiated Indicated Please check one

Please explain _____

21. During the past year, have you used an illegal drug or narcotic? _____

22. State briefly your own strengths and weaknesses for doing this work.

23. Where did you learn about this position? _____

23. List your last five places of employment: [Most recent first]

- 1] Employer: _____ Employed from ___/___/___ to ___/___/___
Address: _____ Phone _____
City/State/Zip: _____
Position: _____
Reason for leaving: _____
Supervisor _____ May we contact them? ___ Yes ___ No
- 2] Employer: _____ Employed from ___/___/___ to ___/___/___
Address: _____ Phone _____
City/State/Zip: _____
Position: _____
Reason for leaving: _____
Supervisor _____ May we contact them? ___ Yes ___ No
- 3] Employer: _____ Employed from ___/___/___ to ___/___/___
Address: _____ Phone _____
City/State/Zip: _____
Position: _____
Reason for leaving: _____
Supervisor _____ May we contact them? ___ Yes ___ No
- 4] Employer: _____ Employed from ___/___/___ to ___/___/___
Address: _____ Phone _____
City/State/Zip: _____
Position: _____
Reason for leaving: _____
Supervisor _____ May we contact them? ___ Yes ___ No
- 5] Employer: _____ Employed from ___/___/___ to ___/___/___
Address: _____ Phone _____
City/State/Zip: _____
Position: _____
Reason for leaving: _____
Supervisor _____ May we contact them? ___ Yes ___ No

REFERENCE

APPLICANT'S NAME _____

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____

Please provide the names, addresses, and telephone numbers of at least four persons who are NOT relatives and know you well. We will send a reference form to these individuals. Note: Listing incomplete or inaccurate addresses may prevent us from sending or receiving references. This will count against you in the application process. Please make the fifth reference a family member.

1. Name _____ Telephone No. _____

Mailing address _____
(Street or Post Office Box Number)

City _____ State _____ Zip _____

How do you know this person? _____

2. Name _____ Telephone No. _____

Mailing address _____
(Street or Post Office Box Number)

City _____ State _____ Zip _____

How do you know this person? _____

3. Name _____ Telephone No. _____

Mailing address _____
(Street or Post Office Box Number)

City _____ State _____ Zip _____

How do you know this person? _____

4. Name _____ Telephone No. _____

Mailing address _____
(Street or Post Office Box Number)

City _____ State _____ Zip _____

How do you know this person? _____

Family Member

5. Name _____ Telephone No. _____

Mailing address _____
(Street or Post Office Box Number)

City _____ State _____ Zip _____

Relationship: _____

**PATHWAY CARING FOR CHILDREN
RELEASE AND AGREEMENT**

[Please sign and fax to 330.493.3689,
Or create as a signed document and submit as an attachment to personnel@pathwaycfc.org ,
Or mail Attn: Personnel
6370 Wise Ave NW, North Canton, OH 44720}

1. Any misrepresentation or deliberate omission of fact in my application may be justification for refusal of employment, or termination of employment if I have already been hired.
2. Pathway may make an investigation of my entire work and personal history, including my employment, education, criminal and motor vehicle history, and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and giving and receiving of any information requested by Pathway and I release from liability any person giving or receiving any such information. I understand that the discovery of derogatory information pertaining to my character, work history, education background, or other factors during the course of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I specifically authorize and give permission to release police records and pertinent information to the President of the Board of Trustees for Pathway Caring for Children (or his or her agent) for the purpose of evaluating my suitability for employment in caring for youth at Pathway.
4. I agree that my employment may be terminated by Pathway at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search and/or drug or alcohol testing and I hereby waive all claims for damages on account of such examination. I understand and agree that I may be required to take a physical and/or psychological examination, at Pathway's expense, at any time to determine if I am physically and psychologically fit for the job I am to perform and I authorize any physician, hospital, or psychologist to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment.
5. Although Pathway makes every effort to accommodate individual preferences, the needs of the program make the following conditions mandatory: a work schedule other than Monday through Friday, holiday work , and duty time extending over extended periods of time (as on camping trips and excursions to other cities). I understand and accept these as conditions of my continued employment.
6. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that Pathway may change wages, salary, benefits, job description and conditions at any time.

I have read and agree to the above. A copy of this document may be used as the original.

Date _____ Signature _____