

Employment Application Form

To be considered for employment you must fill in all information requested below and provide us with a clean copy of your most recent résumé. Please sign the completed application in ink. PATH Foundation (PATH) is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, national origin, citizenship status, age, disability, sex, veteran status or any other characteristic protected by applicable federal, state or local laws, regulations or ordinances. We are committed to diversity in the workplace and promote a drug-free environment.

General Information

Name:		Email:	
Home Address:			
Home Phone:		Cell Phone:	
Date of Application:			
Position Applying:			
How did you hear about position?			
Reason for interest in position - please explain in detail:			
If hired, date available to start work:			
If hired, can you provide proof of citizenship or right to work immigration status? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Education and/or Training

Please check highest degree completed:		
High School <input type="checkbox"/>	Associates <input type="checkbox"/>	Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>
Masters (type):		
Doctorate (type):		
Please complete for all degrees achieved (undergraduate and/or graduate):		
School	Major Subject Studied	Degree Completed
Please list any professional licenses/ certificates that you now hold:		
Please list any special training programs attended in recent years:		

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Employment/Work Experience

List previous experience starting with your present/most recent job, followed by at least the last 10 years of your work history. You may not write “see résumé.” All information must be completed.

Employer:		Title:	
Address:			
Dates Employed:		Last Salary/ Hourly Wage:	
Supervisor’s Name:		Phone Number:	
Reason for leaving:			May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties:			
Employer:		Title:	
Address:			
Dates Employed:		Last Salary/ Hourly Wage:	
Supervisor’s Name:		Phone Number:	
Reason for leaving:			
Duties:			
Employer:		Title:	
Address:			
Dates Employed:		Last Salary/ Hourly Wage:	
Supervisor’s Name:		Phone Number:	
Reason for leaving:			
Duties:			

References

Name	Relationship	Phone

Applicant’s Statement (read carefully before signing)

I have read and fully understand the questions asked in this application. I affirm that all answers given by me are true, accurate and complete. I understand and agree that any misrepresentation or omission by me in this application or any other materials submitted by me to PATH will be sufficient cause for cancellation of this application and/or separation from PATH employment if I have been employed. I give PATH permission to use any information in this application, to enable it, and its agents to verify the information contained in this application. I hereby release from liability the PATH Foundation and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. This application is current and considered active for a period of six months from the date signed below. At the conclusion of this time, if I have not heard from the PATH Foundation and still wish to be considered for employment, it will be necessary for me to fill out a new application. I understand that the PATH Foundation is an at-will employer.

Signature

Date