



# PATHWAYS

Recovery & Wellness Through Life-long Change

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL EMPLOYMENT EMPLOYER)

### PERSONAL INFORMATION:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/MSG. PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ 18 YEARS OR OLDER?  YES  NO

IF HIRED, CAN YOU PROVIDE EVIDENCE OF YOUR U.S.. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND

WORK IN THE UNITED STATES?  YES  NO ARE YOU CURRENTLY EMPLOYED?  YES  NO

IF YES CAN WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

### EMPLOYMENT:

POSITION DESIRED: \_\_\_\_\_

FULL TIME  PART TIME ARE YOU AVAILABLE TO WORK WEEKENDS?  YES  NO

DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

WHAT DAYS/TIMES/HOURS/ARE YOU AVAILABLE:

	MON	TUE	WED	THU	FRI	SAT	SUN
8AM-5PM	_____	_____	_____	_____	_____	_____	_____
4PM - MIDNIGHT	_____	_____	_____	_____	_____	_____	_____
MIDNIGHT - 8PM	_____	_____	_____	_____	_____	_____	_____

PLEASE NOTE: (Should your availability change during the course of your employment, it may impact your employment status based upon our business needs. While we may be able to accommodate your availability limitations upon hire, we do not guarantee that we will be able to support these limitations in the future. Should our business needs change we may require an adjustment in your availability.)

EDUCATION:	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE:	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR				
CORRESPONDENCE SCHOOL				

### GENERAL:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_  
(EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS)

U.S. MILITARY SERVICE BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

PRESENT MEMBERSHIP IN THE RESERVES OR NATIONAL GUARD: \_\_\_\_\_

**FORMER EMPLOYERS:** (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE {MONTH AND YEAR}	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			

**REFERENCES:** (LIST THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS.)

NAME	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED

IT IS UNLAWFUL IN THE STATE OF CALIFORNIA TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

SIGNATURE OF APPLICANT

DATE

**EMERGENCY NOTIFICATION, IN CASE OF EMERGENCY**

NOTIFY: \_\_\_\_\_

NAME

ADDRESS

PHONE

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

\_\_\_\_\_ I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I, THE UNDERSIGNED APPLICANT, HAVE PERSONALTY COMPLETED THIS APPLICATION. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY.

\_\_\_\_\_ I HEREBY AUTHORIZE THE COMPANY TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORD, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT.

\_\_\_\_\_ I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND THE COMPANY. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON THE COMPANY UNLESS MADE IN WRITING AND SIGNED BY ME AND THE COMPANY'S DESIGNATED REPRESENTATIVE.

APPLICANT'S SIGNATURE

DATE