*Preferred Pathways*

*541 West Market Street*

*Tiffin, OH 44883*

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

|  |  |  |
| --- | --- | --- |
| Last Name: | First Name: | Middle Name: |
| Street Address: | City, State, Zip |
| Home Phone: | Cell Phone: |
| E-mail address: | SS#: |
| Are you at least 18 years old? ? Yes ❒ No ❒ | Position Applied for:  |
| Are you interested in: Full-time ❒ Substitute ❒ Date available to start work: |
| Weekdays available to substitute: Mon. ❒ Tues. ❒ Wed. ❒ Thurs. ❒ Fri. ❒ Varies ❒ |
| Have you worked for Yes ❒ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pathways before? No ❒ |

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| --- |
| If the position requires travel, can you supply your own transportation? Yes ❒ No ❒ |
| Are you willing and able to secure an Ohio Driver’s License if required? Yes ❒ No ❒ For Bus Drivers: CDL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_ Endorsements |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | EDUCATION | Years Completed(circle) | Did You Graduate? |  |
| HighSchool | Name:City & State: | 1 2 3 4 | \_\_\_\_ Yes\_\_\_\_ No | If no, did you obtain a GED?\_\_\_\_ Yes \_\_\_\_ No  |
| College: | Name:City & State: | 1 2 3 4 | \_\_\_\_ Yes\_\_\_\_ No | Degree:Major: |
| Post Graduate | Name:City & State: | 1 2 3 4 | \_\_\_\_ Yes\_\_\_\_ No | Degree:Major: |
| Business/ Trade /Other | Name:City & State: | 1 2 3 4 | \_\_\_\_ Yes\_\_\_\_ No | Degree:Major: |

*For all professional positions, official transcripts will be required.*

LICENSURE / CERTIFICATION / REGISTRATION

|  |  |  |
| --- | --- | --- |
|  Type/Level/Grade | Authorizing Agency / Department/ Board | Expiration Date |
|  |  |  |
|  |  |  |
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An Equal Opportunity Employer and Service Provider

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Please list most recent employment first. Incomplete applications will not be considered.

|  |  |
| --- | --- |
| Name of Employer: | Phone # Fax# |
| Street Address  | May we contact this employer? Yes ❒ No ❒ |
| City, State, Zip |
| Job Title: | Name/Title of Supervisor: |
| Ending Salary: | Dates of Employment:  |
| Describe Responsibilities |
| Reason for Leaving |

|  |  |
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Pursuant to Ohio Administrative Code Section 5123:2-2-02, Preferred Pathways is required to conduct background investigations for purposes of employment. Please note that per 5123:2-2-02, there are five tiers of disqualifying offenses with corresponding time periods that preclude an applicant from being employed with this agency. Therefore, all applicants under final consideration will be required to submit to a background check through the Bureau of Criminal Identification and Investigation. For more information, please review OAC 5123:2-2-02. Your signature below verifies only that you understand our requirement to conduct background checks following job offers. Your signature also verifies that you further understand that some prospective employees must pass a drug test prior to being hired.

Applicant Signature Date

REFERENCES

List three references, excluding relatives, this agency has permission to contact.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Street AddressCity, State, Zip | Type of Reference | Phone Number |
| Personal | Professional |
|  |  |  |  |  |
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ADDITIONAL INFORMATION

Please summarize other experiences, skills, or qualifications which you feel would qualify you for the position for which you have applied (e.g. professional organizations, clerical skills, computer abilities, etc.)

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Applicant’s Agreement

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that the making of false statements will be grounds for rejecting the application outright. If the false statement is not discovered until after I am employed, it will be grounds for removal. I waive all provisions of law forbidding colleges or university which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to Preferred Pathways. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Information Release

As an applicant for employment with Preferred Pathways, I authorize its agents to verify any information by searching appropriate information and record sources when deemed necessary. I authorize all employers to release any information concerning my employment and all other information and herby release those parties from any liability for any damage whatsoever for issuing this information.

A photocopy of this release shall be as valid as the original.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_