

PATHWAY, INC.
P.O. Box 311206
Enterprise, Alabama 36331-1206
(334)894-5591

EMPLOYMENT APPLICATION

PATHWAY, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. WE CONSIDER APPLICANTS FOR ALL POSITIONS ON THE BASIS OF QUALIFICATIONS. IT IS THE POLICY OF PATHWAY TO ENSURE EQUAL EMPLOYMENT OPPORTUNITY WITHOUT DISCRIMINATION OR HARASSMENT ON THE BASIS OF RACE, COLOR, RELIGION, GENDER IDENTITY OR EXPRESSION, GENDER (EXCEPT WHERE GENDER IS A BONA FIDE OCCUPATIONAL QUALIFICATION), SEXUAL ORIENTATION, AGE, DISABILITY, MARITAL STATUS, VETERAN STATUS, NATIONAL ORIGIN, GENETIC INFORMATION, OR ANY OTHER CHARACTERISTIC PROTECTED BY LOCAL, STATE OR FEDERAL LAW.

PLEASE PRINT

POSITION DESIRED: _____ DATE OF APPLICATION: ____/____/____

PERSONAL INFORMATION

FULL NAME (Include maiden name if applicable): _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Primary Telephone #: _____

SOCIAL SECURITY #: _____-_____-_____ ARE YOU OVER THE AGE OF 21 YEARS? YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO
(If offered employment, you will be required to provide documentation to verify eligibility)

DO YOU HAVE A VALID DRIVER LICENSE ISSUED BY THE STATE OF ALABAMA? YES NO

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED WITH PATHWAY? YES NO

DO YOU HAVE ANY FRIENDS OR RELATIVES CURRENTLY EMPLOYED BY PATHWAY? YES NO

If so, who? (If a relative, please indicate their kinship to you): _____

HOW DID YOU HEAR ABOUT PATHWAY? Friend/relative works here Newspaper Ad
 Employment Service Other

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB ? YES NO
(If you have any questions about the requirements of the job, please stop now and ask the interviewer before answering this question.)

If NO, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

APPLICANT EMAIL ADDRESS: _____

APPLICANT NAME: _____

DURING THE LAST TEN YEARS, HAVE YOU BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC OFFENSES? YES NO

If YES, Explain (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

DO HAVE ANY SPECIAL INTERESTS, SKILLS OR TALENTS THAT MAY CONTRIBUTE TO YOUR SUCCESS IN WORKING WITH CHILDREN AT PATHWAY? (Omit any volunteer work or activities which reflect your race, religion, age, gender, sexual orientation, marital status, or disabilities. Examples may include woodworking, gardening, arts and crafts, extensive travel, etc.)

EDUCATIONAL INFORMATION*

FORMAL EDUCATION

	Name/Location of School	Course of Study/Major	# of Years Completed	Diploma/Degree Earned
HIGH SCHOOL				<input type="checkbox"/> Regular <input type="checkbox"/> Honors <input type="checkbox"/> GED
VO-TECH SCHOOL				
COLLEGE				<input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> Other
GRAD. SCHOOL				<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Other
OTHER				

PLEASE LIST ANY ACADEMIC HONORS OR SCHOLARSHIPS (Do not list any which reflect your race, religion, national origin, age, disabilities, or veteran status) _____

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, OR SKILLS: _____

HAVE YOU RECEIVED ANY JOB-RELATED TRAINING IN THE UNITED STATES MILITARY? YES NO

APPLICANT NAME: _____

CERTIFICATIONS AND LICENSES

TYPE OF LICENSE	ISSUED BY	NUMBER	EXPIRES

PROFESSIONAL MEMBERSHIPS (You need not disclose membership in organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

1. _____ 3. _____
 2. _____ 4. _____

EMPLOYMENT HISTORY

Start with your current or most recent employer first. Include U.S. military service if applicable. Do not exclude planned temporary employment. Do not exclude any period of employment. If you have been employed for the past ten years, you may limit your reporting to that period of time. You may attach another page if necessary. Previous salaries or wages will not be used to determine your compensation at Pathway, Inc.

1. Current or most recent employer

Company Name and Address	Employment Dates	Supervisor
_____	From: ____/____ month year	Name: _____
_____	To: ____/____ month year	Title: _____
_____	<u>Salary</u>	May we contact for references?
_____	Starting: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Telephone # _____	Ending: _____	Telephone # _____
Job Title and brief summarization of your responsibilities:		
Reason(s) for leaving this employer:		

APPLICANT NAME: _____

EMPLOYMENT HISTORY (continued)

Company Name and Address	Employment Dates	Supervisor
_____ _____ _____ _____ Telephone # _____	From: ____/____ month year To: ____/____ month year <u>Salary</u> Starting: _____ Ending: _____	Name: _____ Title: _____ May we contact for references? <input type="checkbox"/> YES <input type="checkbox"/> NO Telephone # _____
Job Title and brief summarization of your responsibilities: _____ _____		
Reason(s) for leaving this employer: _____ _____		

Company Name and Address	Employment Dates	Supervisor
_____ _____ _____ _____ Telephone # _____	From: ____/____ month year To: ____/____ month year <u>Salary</u> Starting: _____ Ending: _____	Name: _____ Title: _____ May we contact for references? <input type="checkbox"/> YES <input type="checkbox"/> NO Telephone # _____
Job Title and brief summarization of your responsibilities: _____ _____		
Reason(s) for leaving this employer: _____ _____		

APPLICANT NAME: _____

EMPLOYMENT HISTORY (continued)

Company Name and Address	Employment Dates	Supervisor
_____	From: ____/____ month year	Name: _____
_____	To: ____/____ month year	Title: _____
_____	<u>Salary</u>	May we contact for references? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	Starting: _____	
Telephone # _____	Ending: _____	Telephone # _____
Job Title and brief summarization of your responsibilities:		
Reason(s) for leaving this employer:		

If any employment listed above was under a different name, indicate name: _____

Have you ever been discharged or asked to resign from a job? YES NO

If YES, please explain: NA _____

Explain any gaps greater than three (3) months in your employment history: NA _____

List any non-family references you may wish to provide **other than those noted in your employment history.** None

1. NAME: _____ Telephone #: _____

2. NAME: _____ Telephone #: _____

DATE AVAILABLE FOR WORK: ____/____/____ SALARY DESIRED: _____ per _____

Prison Rape Elimination Act (PREA) Employment Questionnaire

Full Name:		
Social Security Number:		
Date of Interview:		
Facility:	Pathway, Inc. / Pathway of Baldwin Co., LLC	
Position Applying for:		
Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	<input type="radio"/> Yes	<input type="radio"/> NO
	If yes, please explain:	
Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	<input type="radio"/> Yes	<input type="radio"/> NO
	If yes, please explain:	
Have you been civilly or administratively adjudicated to have engaged in the activity described in paragraph above?	<input type="radio"/> Yes	<input type="radio"/> NO
	If yes, please explain:	
Signature of Interviewer:		
Date:		
Signature of Applicant:		
Date:		
*This questionnaire is required for employment consideration and will be maintained in a confidential personnel file.		
*Additionally, by filling out this form, you are on notice that per the requirements of PREA we are required to notify any of your past employers that may be impacted by PREA of your interest in employment with our facility.		

PATHWAY, INC.
Enterprise, Alabama

AUTHORIZATION
for
BACKGROUND INVESTIGATION

I understand that Pathway, Inc. has a duty to investigate and is required by regulatory standards to conduct a background investigation on individuals who provide child care services in the State of Alabama.

I, the undersigned applicant do hereby authorize Pathway, Inc., by and through an independent contractor, Background Investigation Services (the Agency), to procure an investigative report on me. I understand that the report may include criminal and civil history/records and any other public record.

I further authorize any person, business entity, or governmental agency that may have information relevant to the above to disclose the same to Pathway, Inc., by and through the Agency, and any and all law enforcement agencies.

I hereby release Pathway, Inc., the Agency, and any and all persons, business entities, and governmental agencies, whether public or private, from any and all liability, claims, and/or demands of whichever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation and preparation of the investigative report.

Print Full Name: _____

Maiden/Other Names Used: _____

Date of Birth: ____/____/____ Social Security #: ____-____-____ Sex: _____ Race: _____^{Choose}

Driver License # and State: _____

Current Physical Address (NOT a P.O. Box): _____

Former Physical Addresses (Past 5 years; NO Post Office Boxes):

1. _____ 2. _____

3. _____ 4. _____

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

APPLICANT NAME: _____

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

Questions regarding this statement should be directed to the Chief Operating Officer of Pathway, Inc. before signing.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I hereby attest that all of the information provided by me in this application (or any accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or in termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. In consideration for employment with Pathway, if employed, I agree to abide by all of Pathway's rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either Pathway, Inc. or me. I further understand that no representation, whether oral or written by any representative or agent of Pathway, Inc., at any time, can constitute a contract of employment. I understand that Pathway, Inc. shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms or conditions of employment.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on Pathway, Inc. I understand this decision is to rest with Pathway, Inc.

If employed, I agree to hold in strictest confidence any information concerning the business operations of Pathway, Inc. which may come to my knowledge. Further, I agree to regard all Pathway, Inc. documents, forms, and manuals as proprietary materials and decline disclosure to any unaffiliated person or entity.

I understand that if offered a position with Pathway, Inc, I will be required to submit to physical examination by a qualified medical professional, drug screening, and background investigation as conditions of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these employment tests and/or investigations will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to Pathway, Inc. and/or any of its representatives, agents, or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three (3) months. If I wish to be considered for employment after this period I must complete and submit a new application.

By signing below I acknowledge that I have read, understood and agree to the above statement.

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

WITNESS TO SIGNATURE: _____ DATE: ____/____/____

FOR ADMINISTRATIVE USE ONLY - APPLICANT STATUS

- Application Reviewed. Will not be scheduled for an interview. Letter of appreciation for interest to be mailed.
- Application Reviewed. Interview conducted. Selected another candidate. Letter of appreciation to be mailed.
- Application Reviewed. Interview conducted. Candidate hired. **START DATE:** ____/____/____

AUTHORIZED SIGNATURE/TITLE: _____ DATE: ____/____/____

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE**

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.
**** See instructions for the address to use when submitting this form. ****

Requesting Person or Agency/Organization	PATHWAY, INC.	Check All That Apply
Mailing Address	P.O. BOX 311206 ENTERPRISE, AL 36331	<input type="checkbox"/> Child Placing Agency
		<input checked="" type="checkbox"/> Residential Child Care Facility
		<input type="checkbox"/> Child Day / Night Care Center
Telephone Number (334)	894-6322 Email: MSALISBURY@PATHWAY-INC.COM	<input type="checkbox"/> Family Day / Night Care Home
PRINT Requestor's Name	Michele Salisbury	<input type="checkbox"/> Exempt Child Day Care Center
Requestor Signature	Date	<input checked="" type="checkbox"/> Medicaid Rehab. Provider DHR Vendor
Witness Signature	Date	<input type="checkbox"/> Other (Please Specify)

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an employee volunteer other. This person's specific job/role is or will be:
Circle One: Group Leader Therapist VoTech/Maint Admin/Office

Name _____ Sex Male Female Race _____ DOB ____/____/____
 Last First Middle

Current Mailing Address _____

Alias, Maiden & Prior Married Name(s) _____

Name & DOB of Spouse & Former Spouse(s) _____

Name & DOB of Children / Stepchildren _____

Alabama counties where person has lived and/or worked _____

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature _____ Date _____ Signature of Witness _____ Date _____

To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

Substantiated report (i.e., indicated) located. See attached information.
 Type Report: Physical Abuse Neglect Sexual Abuse Mental Abuse / Neglect

No report located.
 Request Denied _____
 Other _____

Office of Child Protective Services _____ Date Completed _____

DHR VENDOR CERTIFICATION FORM

DHR FEE PAID

Alabama Department of Human Resources
Office of Criminal History
P.O. Box 304000
Montgomery, Alabama 36130-4000
(334) 353-5400

Type or print legibly

First Name:

Middle:

Last:

Employer: Pathway, Inc.

Contract Number: 3316 & 3424

Contract Expiration Date: September 30, 2023

Job Title:

Social Security #:

Section 38-13-3(a)(3), Ala. Code (1975) provides as follows: *An applicant in a position in the Department of Human Resources which requires unsupervised access to children, the elderly, or individuals with disabilities as one of the essential functions of the job....*

Criminal history background checks shall be required for prospective and current personnel under contract with the Department of Human Resources or working with another entity under contract with the Department of Human Resources, students, mentors, and volunteers in positions requiring unsupervised access to children, the elderly, or persons with disabilities as one of the essential functions of the job. The Department of Human Resources shall pay any fees related to checks required pursuant to this subdivision.

I, _____, (Printed Name of Applicant) hereby certify that the position I hold, as indicated above, meets the criteria described under Section 38-13-3(a)(3), Ala. Code (1975). I understand that falsifying information on this form may result in criminal and/or civil penalties, including, but not limited to, the applicant/employer paying for the above-referenced criminal history check and/or the Department of Human Resources terminating its contractual relationship with the entity with whom I am employed.

I, Michele Salisbury, (Printed Name of Employer) hereby certify that the position the employee holds, as indicated above, meets the criteria described under Section 38-13-3(a)(3), Ala. Code (1975). I understand that falsifying information on this form may result in criminal and/or civil penalties, including, but not limited to, the applicant/employer paying for the above-referenced criminal history check and/or the Department of Human Resources terminating its contractual relationship with the entity that I represent.

Signature of Applicant/Employee (Before Notary)

Signature of Employer/Agency Head (Before Notary)

Date

Date

Sworn to and subscribed before me

Sworn to and subscribed before me

on this _____ day of _____, 20_____.

on this _____ day of _____, 20_____.

Signature of Notary Public

Signature of Notary Public

Date

Date

My commission expires _____, 20_____.

My commission expires _____, 20_____.