

**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).*

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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.)

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**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: _____
_____	<b><u>Salary</u></b>	<b>May we contact for references?</b>
_____	Starting: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Telephone # _____	Ending: _____	Telephone # _____
<b>Job Title and brief summarization of your responsibilities:</b>		
<b>Reason(s) for leaving this employer:</b>		

**APPLICANT NAME:** \_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

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

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

**APPLICANT NAME:** \_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

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

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:		
<p>*This questionnaire is required for employment consideration and will be maintained in a confidential personnel file.</p> <p>*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.</p>		

**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: \_\_\_\_\_<sup>Choose</sup>

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

