



Expanding opportunities for people with disabilities

### APPLICATION FOR EMPLOYMENT

PLEASE PRINT

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LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS street city state zip

HOME PHONE CELL PHONE WORK PHONE

EMAIL ADDRESS:

Do you have the legal right to accept employment in the United States? YES [ ] NO [ ]
Are you 18 years of age or older? YES [ ] NO [ ]
Do you possess a valid driver's license? YES [ ] NO [ ]
Do you have use of an automobile to transport consumers if necessary? YES [ ] NO [ ]
Have you lived outside of NH in the last 12 months? YES [ ] NO [ ]
If so, where (please list city/state) \_\_\_\_\_

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

SCHEDULE RESTRICTIONS ( if any): \_\_\_\_\_
FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ PER DIEM \_\_\_\_\_ TEMPORARY \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work?
Have you been employed by PathWays of the River Valley before? (Please circle) YES [ ] NO [ ]

If yes, when and your reason for leaving?

IF YOU HAVE EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) THAT HAS NOT BEEN OFFICIALLY ANNULLED BY A COURT, YOU:

MUST COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION AND NATURE OF THE FELONY OR MISDEMEANOR CONVICTION.

If you leave this space blank, you are certifying that you have no current record of conviction.

[Empty box for conviction details]

Please note: Conviction is not an automatic disqualifier for employment. Each case is considered individually. WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

PathWays of the River Valley is an equal opportunity employer. Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.



### EXPERIENCE – WORK HISTORY

In the section below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. If more space is needed, please attach additional sheets. You are encouraged to submit a current resume with your application. **PLEASE NOTE: RESUMES WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM.**

<b>Employer</b>	Supervisor Name/Title	
Employer Address	Phone	
Employer City/State/Zip	Dates of Employment: Start: <input style="width: 150px;" type="text"/> End: <input style="width: 150px;" type="text"/>	
SALARY UPON LEAVING:	<b>REASON FOR LEAVING:</b>	
POSITION AND DUTIES:		
May we contact? (Please circle)   YES      NO		
<b>Employer</b>	Supervisor Name/Title	
Employer Address	Phone	
Employer City/State/Zip	Dates of Employment: Start: <input style="width: 150px;" type="text"/> End: <input style="width: 150px;" type="text"/>	
SALARY UPON LEAVING:	<b>REASON FOR LEAVING:</b>	
POSITION AND DUTIES:		
May we contact? (Please circle)   YES      NO		
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SALARY UPON LEAVING:	<b>REASON FOR LEAVING:</b>	
POSITION AND DUTIES:		
May we contact? (Please circle)   YES      NO		
<b>Employer</b>	Supervisor Name/Title	
Employer Address	Phone	
Employer City/State/Zip	Dates of Employment: Start: <input style="width: 150px;" type="text"/> End: <input style="width: 150px;" type="text"/>	
SALARY UPON LEAVING:	<b>REASON FOR LEAVING:</b>	
POSITION AND DUTIES:		
May we contact? (Please circle)   YES      NO		

### EDUCATION

School Name, City and State	Major	# Years Attended	Degrees Received
HIGH SCHOOL			(Note if diploma or GED received)
COLLEGE			
GRADUATE			
OTHER			

### LICENSE AND CERTIFICATION

**Please list any licenses or special certifications that you hold, specifying license/certificate number and date of expiration.**

<b>LPN#</b>	<b>Expires:</b>
<b>RN#</b>	<b>Expires:</b>
<b>Other:</b>	<b>Expires:</b>
<b>Other:</b>	<b>Expires:</b>

### INFORMATION TECHNOLOGY TRAINING/EXPERIENCE

**Please list below your experience in Information Technology (data processing, word processing, spreadsheets, etc). Note any specific software applications in which you are proficient:**

**Have you had any experience with the developmentally disabled or other human services type of work?**  
 (Please circle) YES      NO

**If yes, please describe:**

### PROFESSIONAL REFERENCES **Please do not list friends or relatives in the spaces below**

<b>Name:</b>	<b>Phone #:</b>
<b>Address:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Phone #:</b>
<b>Address:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Phone #:</b>
<b>Address:</b>	<b>Relationship:</b>

**Please tell us what makes you a great candidate for this position?**


**I understand that in order for my application to be considered, the following Affirmation must be checked.**

I certify that the information provided in or attached to this application is complete, accurate, and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this state, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statements and the answers to the questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected and furthermore, I understand that if I should be employed at the time of such investigation and disclosure, my service may be immediately terminated.

I also understand that any offer of employment is conditional upon successful completion of criminal checks, driving record checks, a TB screening and receipt of satisfactory references. In connection with my application, I authorize PathWays of the River Valley and any agent acting on their behalf, to conduct an inquiry of my record of any or all of my former and present employers, references, any and all educational institutions, including but not limited to any felony convictions or history of child/client abuse. Moreover, I hereby release and discharge PathWays of the River Valley, its agents and all others from any liability for damages which may result from such investigation.

Finally, I further understand that PathWays of the River Valley is an “employment at will” employer and therefore my employment and compensation can be terminated at any time with or without cause, either at my option or at the option of PathWays of the River Valley.

**By checking this box, you are certifying that you have read, understood and agreed to the above statement.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ORIGINAL SIGNATURE AND DATE IS REQUIRED UPON HIRE**

**REFERRAL INFORMATION**

**How did you learn about PathWays of the River Valley? (Please circle below)**

PathWays Employee      Friend      Job Board/Website      Job Posting      Newspaper      Other

Please specify name of person or source: \_\_\_\_\_

**Do you currently have relatives working at this organization? (Please circle)      YES      NO**

If yes, please name: \_\_\_\_\_

**Completed applications should be sent to:**

Human Resources, PathWays of the River Valley, 654 Main Street, Claremont, NH 03743 or  
hrrecruiter@pathwaysnh.org

Rev 09/15, 8/16, 10/16

