

Application for Employment

Application for this position is active for 30 days only

TYPE OF POSITION APPLYING FOR:		JOB CODE:	DEPT. REFERRED TO:		
LAST NAME:		FIRST:	MIDDLE:		
STREET ADDRESS:			TODAY'S DATE:		
CITY:		STATE:	ZIP CODE:		
SOCIAL SECURITY NUMBER:					
HOME TELEPHONE NUMBER:			OFFICE TELEPHONE NUMBER:		
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US?					
IF SO, WHEN:			WHAT LOCATION:		
APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE, ARE YOU WILLING TO WORK FULL TIME:? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF NOT, WHAT HOURS COULD YOUR WORK? _____					
WILL YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
WHEN WILL YOU BE ABLE TO START WORK?					
OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATIONS AND ETC.)					
HOW DID YOU LEARN OF OUR ORGANIZATION?					
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
COLLEGE					
HIGH					
ELEMENTARY					
OTHER					
MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION OR NATIONAL ORIGIN)					

1. PATHFINDER, INC. DOES NOT DISCRIMINATE BECAUSE OF SEX, RACE, CREED, COLOR, AGE, NATIONAL ORIGIN, RELIGION, HANDICAP, OR VETERAN STATUS.

EMPLOYMENT

PLEASE GIVE ACCURATE, COMPLETE FULL TIME AND PART TIME EMPLOYMENT RECORD, START WITH PRESENT OR MOST RECENT EMPLOYER.

1.

COMPANY NAME:	TELEPHONE:
ADDRESS:	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
NAME OF SUPERVISOR:	WEEKLY PAY START: LAST:
STATE JOB TITLE AND DESCRIBE YOUR WORK:	REASON FOR LEAVING:

2.

COMPANY NAME:	TELEPHONE:
ADDRESS:	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
NAME OF SUPERVISOR:	WEEKLY PAY START: LAST:
STATE JOB TITLE AND DESCRIBE YOUR WORK:	REASON FOR LEAVING:

3.

COMPANY NAME:	TELEPHONE:
ADDRESS:	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
NAME OF SUPERVISOR:	WEEKLY PAY START: LAST:
STATE JOB TITLE AND DESCRIBE YOUR WORK:	REASON FOR LEAVING:

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

DO NOT CONTACT EMPLOYER #?	REASON:
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FOR OFFICE USE ONLY – REFERENCE CHECKS

RELATIONSHIP:	PERSON CONTACTED:	RESULTS/ATTEMPTS:
1		
2		
3		

THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. FEDERAL LAW ALSO PROHIBITS DISCRIMINATION ON BASIS OF AGE RESPECT TO CERTAIN INDIVIDUALS. THE LAW OF MOST STATES ALSO PROHIBITS SOME OR ALL TYPES OF DISCRIMINATION AS WELL AS SOME ADDITIONAL TYPES SUCH AS DISCRIMINATION BASED UPON ANCESTRY, MARITAL STATUS, OR PHYSICAL OR MENTAL HANDICAP OR DISABILITY.

PLEASE ANSWER ALL THE QUESTIONS BELOW.

1.	ARE YOU EIGHTEEN YEARS OF AGE OR OLDER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	DO YOU HAVE A VALID DRIVER'S LICENSE: DRIVER'S LICENSE NO. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE(S) IN A COURT OF LAW OR MILITARY ADJUDICATION? IF "YES", PLEASE INDICATE CHARGE, WHERE (COURT?) AND WHEN (TIME FRAME)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	HAVE YOU EVER BEEN DISCHARGED AND/OR TERMINATED BY AN EMPLOYER? IF "YES", PLEASE EXPLAIN.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	HAVE YOU EVER BEEN REPRIMANDED OR OTHERWISE DISCIPLINED BY A PREVIOUS EMPLOYER FOR VIOLATION OF DEPARTMENT OR COMPANY POLICY? IF "YES", PLEASE EXPLAIN, INDICATING HOW MANY TIMES, WHEN, AND UNDER WHAT CIRCUMSTANCES.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	REFERRED TO US BY:		
8.	NAME OF FRIENDS AND RELATIVES EMPLOYED BY PATHFINDER OTHER THAN SPOUSE?		
9.	PURSUANT TO HOUSE BILL 1032, PLEASE INDICATE IF YOU ARE RESPONSIBLE FOR CHILD SUPPORT OR HEALTH INSURANCE COVERAGE FOR MINOR DEPENDENT(S)?	CHILD SUPPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTH INS.: <input type="checkbox"/> YES <input type="checkbox"/> NO
10.	ARE YOU PHYSICALLY CAPABLE OF PERFORMING THE DUTIES AND PHYSICAL ACTS NECESSARY TO PERFORM ALL TASKS INVOLVED IN THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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I understand that employment is subject to verification of lawful age and legal right to work in the United States. I will submit such documents as may be necessary to verify same.

DRUG SCREEN – I agree to submit to a drug test and hereby authorize the medical contractor performing the test to provide Pathfinder, Inc. a complete record and report. I understand that my conditional offer of employment is subject to completion of negative results on said drug screen.

EMPLOYMENT SCREEN – I authorize Pathfinder, Inc., its employees, assigns, and agents to conduct an investigation of the information contained in this application, or other matters concerning my past employment or other activities and to obtain or direct the issuance of reports or other statements which may be furnished or obtained concerning the same. I hereby release from liability and responsibility all persons, companies or corporations supplying such information and Pathfinder, Inc. in obtaining such information, and hereby release any law enforcement agency, the various military services, and/or their agents from liability of any kind for damages which may result from furnishing information about me.

EMPLOYMENT AT WILL – I understand and agree that if employed, and as a condition of my employment, the employment will be “at will”. That is, either I or Pathfinder, Inc. may end the employment relationship at any time, for any reason, or for no reason. I further understand that no representative of Pathfinder, Inc. has authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing. I understand that nothing contained in my employment application or in the granting of an interview is intended to create an employment contract between Pathfinder, Inc. and myself for either providing of any benefit. Finally, I understand that none of the benefits or policies in any handbook issued to me by Pathfinder, Inc. are intended by reason of their publication to confer any rights or privileges to said benefits or policies, or to entitle me to be or remain employed by Pathfinder, Inc. or provisions in the handbook are procedural or are a guideline and Pathfinder, Inc. has the right to change any policy benefits or procedure at any time without notice.

I understand that any misleading or incorrect statements render this application void in the event of my employment prior to discovery of any falsehood regarding statements and records about and/or for me. I understand such activity is cause for immediate dismissal.

I have carefully read the above and fully understand the same.

I certify that all statements on this application and supporting information in it are true and complete to the best of my knowledge.

Date _____ Signature _____

FOR OFFICE USE ONLY

INTERVIEWER NAME:	INTERVIEWER TITLE:
DATE JOB WAS OFFERED:	DATE JOB WAS ACCEPTED:
IF OFFER WAS REJECTED; STATE REASON WHY:	
DATES OR ANY TEST (TYPING, ETC.) NOTE SCORES OR RESULTS:	
COMMENTS: (STATE IF APPLICANT HAS QUALIFICATIONS FOR POSITION)	

PATHFINDER, INC.
INVITATION TO VETERANS OF THE VIETNAM ERA
AND/OR THE DISABLED

To: Employees and Applicants for Employment

Pathfinder, Inc. Company has affirmative action programs for persons with disabilities, disabled veterans, and veterans of the Vietnam era. The programs are in accordance with Section 503 of the Rehabilitation Act of 1973, as amended; and with Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974.

If you are an employee or applicant and have any physical or mental disability and believe you qualify under the provisions of either of these Acts, please tell us. Submission of this information is voluntary, and refusal to provide it will not subject you to discharge or disciplinary treatment. You may notify us at the time you apply for employment or at any future time.

If you decide to advise us of your disability, the information you provide will be used only in accordance with the requirements of the Acts. Such information will be kept confidential except for: (1) restrictions on your work duties and any accommodations may be communicated to your supervisors and managers, (2) first aid and safety personnel may be informed so they can properly handle emergencies, and (3) federal compliance officers may be informed pending any compliance reviews.

Should you decide to advise us of your disability, please also state your suggestions as to how your disability may be reasonably accommodated.

A copy of our Affirmative Action Plan for the Disabled and for Vietnam Era and Disabled Veterans may be inspected during normal business hours by contacting the Director of Human Resources in the Human Resources Department at the Pathfinder, Inc. Administration office (2411 W. Main Street, Jacksonville, AR).

PATHFINDER, INC.

AFFIRMATIVE ACTION INFORMATION FORM

Pathfinder, Inc. is an affirmative action government contractor. In compliance with government regulations we are required to track the number of our applicants by gender, race/ethnicity, and position for which applied.

We invite you to indicate your gender and race/ethnicity below. This information will be kept separately from your application and will be used only in accordance with federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether or not you fill out this form.

Hispanic- All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Are you Hispanic _____ Latino _____ (please check one)

_____ Male _____ Female

If not of Hispanic origin, please complete section below.

GENDER

_____ Male

_____ Female

RACE/ETHNIC GROUP

_____ **White (Not of Hispanic origin)**All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.

_____ **Black or African American (Not of Hispanic origin)**All persons having origins in any of the black racial groups of Africa.

_____ **Asian** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent.

_____ **Native Hawaiian or Other Pacific Islander**-All persons having origins in any of the Native Hawaiian or Pacific Islands.

_____ **American Indian or Alaskan Native** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ **Two or More Races**

Other _____
(Please Specify)

Name: _____

Date of application: _____

Position applied for: _____

Referred by: _____

How did you learn about the position? _____

Military Veteran Status

Pathfinder, Inc. is required to report annually all military veterans who are working for us. Please indicate by a checkmark which category best represents your military service:

_____ **Not a Veteran** (Have never been in the Military)

_____ **Vietnam-Era**

- (1) Served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases.

_____ **Special Disabled Veteran**

- (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or
- (2) A veteran who was discharged or released from active duty because of a service connected disability.

_____ **Other Protected Veteran**

- (1) Other protected veteran is defined as a veteran who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

_____ **Veteran None of the above.**

(Signature)

(Print Name)