

Pathways Transport

30 EAST BAYFIELD STREET
WASHBURN, WI 54891
715-373-2800

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name _____ Date of application _____

Address _____ City _____ State _____ Zip _____

Telephone _____

I. GENERAL INFORMATION

- Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? YES NO

- Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) YES NO

If yes, please explain:

2. EDUCATION & TRAINING

- Indicate highest level of education

Grade - Indicate last grade completed: _____

College - Indicate how many years completed: _____

Masters

Doctorate

Name & Address of School Please list last high school, college and any other school (Technical, Vocational, Graduate, etc.)	Major	Graduated	GPA
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

- Please list any scholarships, academic honors, awards or special achievements:

3. SKILLS

- Position applying for _____ Date you can start _____

- Please list any skills you have that are appropriate for the position

- If required, will you work:

Rotating Shifts	Overtime	Saturdays	Sundays
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO

- Salary requirements _____ PER HOUR PER MONTH

- Please state fully why you believe you are qualified for this position

INTERESTS & ACCOMPLISHMENTS

You may wish to list significant experience, interests & accomplishments gained while working as a volunteer or as a hobbyist that may be useful in the position(s) you are seeking. Names or organizations designating religion, race, etc. need not be mentioned.

4. EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT EMPLOYER list in consecutive order ALL EMPLOYMENT for at least the past FOUR employers. If currently employed, may we contact your employer? YES NO

PRESENT OR MOST RECENT EMPLOYER

Full Name of Company _____ Area Code ____ Telephone _____

Street Address _____ City _____ State _____ Zip _____

Name & Title of Supervisor _____ Title of your Position _____

Beginning Salary _____ Ending Salary _____ Employed from (Month/Year) _____ to _____

Reason for Leaving _____

List jobs Held, duties performed, skills used & promotions while employed at this company...

Full Name of Company _____ Area Code ____ Telephone _____
Street Address _____ City _____ State _____ Zip _____
Name & Title of Supervisor _____ Title of your Position _____
Beginning Salary _____ Ending Salary _____ Employed from (Month/Year) _____ to _____
Reason for Leaving _____

List jobs Held, duties performed, skills used & promotions while employed at this company...

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Beginning Salary _____ Ending Salary _____ Employed from (Month/Year) _____ to _____
Reason for Leaving _____

List jobs Held, duties performed, skills used & promotions while employed at this company...

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature _____ Date _____

CONFIDENTIAL

BACKGROUND CHECK AUTHORIZATION

Full Name (First) _____ (Middle) _____ (Last) _____

Former Name(s) and Dates Used _____

Current Address (Street) _____ (City) _____ (State/Zip) _____

Since (Month/Year) _____

Previous Address (Street) _____ (City) _____ (State/Zip) _____

From (Month/Year) _____

Previous Address (Street) _____ (City) _____ (State/Zip) _____

From (Month/Year) _____

Social Security Number _____ DOB _____

Telephone Number _____

Drivers License Number/State _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize _____ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to _____ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. _____ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested. 0 I wish to receive a copy of any Background Check Report on me that is requested.