



4804-A Lacey Blvd. SE
 Lacey, WA 98503
 Email: applicant@pathwaysmhs.org

Unsigned, incomplete, and/or illegible applications will not be considered. The only acceptable attachment to this application is your resume. Your resume, however, is a supplement to this application and is not acceptable in lieu of the completed application. Additional materials beyond a resume will be removed and discarded.

Pathways Mental Health services, LLC (PMHS) hires only United States citizens and aliens lawfully authorized to work in the United States. All new employees will be required to complete an I-9 form and provide documentation establishing identity and employment eligibility within three (3) days of hire.

APPLICATION FOR EMPLOYMENT

Last Name:		First:	Middle Initial:	Position for which you are applying:		Today's Date:	
Address:				Driver's License Number and State of Issue:		Expiration Date:	
City:		State:	Zip Code:	Home Phone:		Cell Phone:	
Email Address:		Work Phone:		Emergency Contact Name: Phone:			
Have you worked for PMHS before? No _ Yes _ If so, when? _____		Have you applied at PMHS before? No _ Yes _ If so, when? _____		Referral Source: Newspaper Advertisement o Name of Paper: Internet o Name of Site: Employee Name: Announcement Self Other - Please Specify:			

Educational History (in the event of an employment offer, official transcripts may be required)

High School:		Location:		High School Diploma? Yes _ No _ GED _	
College or University:		Location:		Degree/Certificate: When?	
Graduate/Post Graduate:		Location:		Degree/Certificate: When?	
Other:		Location:		Degree/Certificate: When?	

Employment/Experience History (Please begin with most recent experience. Include volunteer and military experience)

If applicable, do you authorize Pathways Mental Health Services to contact your current employer? Yes _ No _

From:	To:	Employer:	Your Title:	Ending Salary:
Address:			Name of Supervisor:	Telephone Number:
Duties/Responsibilities:			Reason for Leaving:	

From:	To:	Employer:	Your Title:	Ending Salary:
Address:			Name of Supervisor:	Telephone Number:
Duties/Responsibilities:			Reason for Leaving:	

Employment/Experience History (continued)

From:	To:	Employer:	Your Title:	Ending Salary:
Address:			Name of Supervisor:	Telephone Number:
Duties/Responsibilities:			Reason for Leaving:	

From:	To:	Employer:	Your Title:	Ending Salary:
Address:			Name of Supervisor:	Telephone Number:
Duties/Responsibilities:			Reason for Leaving:	

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Duties/Responsibilities:			Reason for Leaving:	

From:	To:	Employer:	Your Title:	Ending Salary:
Address:			Name of Supervisor:	Telephone Number:
Duties/Responsibilities:			Reason for Leaving:	

Professional License (List All)	State	Expiration Date
Chemical Dependency License/Certification	State	Expiration Date
National Certification	National Certification	National Certification

Professional/Work References (Please do not include friends or relatives)

Name:	Your Relationship With This Person:
Title:	Number of Years Known:
Company:	Telephone Number:
Address:	Comments:

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Title:	Number of Years Known:
Company:	Telephone Number:
Address:	Comments:

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Title:	Number of Years Known:
Company:	Telephone Number:
Address:	Comments:

Background History

A criminal background investigation is conducted on all new employees. Convictions are evaluated for each position and are not necessarily disqualifying. Should PMHS discover, at any point, that you have not provided an accurate response to the following questions, any employment relationship which you may have with PMHS will generally be terminated immediately.

Have you ever been convicted of an offense other than a minor traffic violation? Yes _ No _

If so, for what offense were you convicted? When? Where? Outcome? _____

Acknowledgment

Please read the following information carefully prior to signing your application:

I certify that I have answered truthfully and have not knowingly withheld, misrepresented, or omitted any information relative to my application, resume, and / or any other materials submitted. I understand that to do so would result in my being eliminated from further consideration for employment. If accepted for employment, any misrepresentation or omission which becomes known to PMHS, LLC would result in termination of the employment relationship with PMHS.

I authorize PMHS, LLC to contact any of my prior employers with the exception of:

_____ for information regarding my prior employment and any other pertinent information they may have. I hereby release PMHS, LLC and previous employers and supervisors and all others acting at their discretion and / or control from any liability for any and all claims for damages or injury that may or could result from furnishing information to PMHS. I understand that PMHS's acceptance of this application does not constitute an offer of employment.

I also authorize all current and previous educational institutions, training, schools, certification and / or licensure boards to verify to PMHS, LLC information provided in my application, resume, or any other materials submitted either at the request of PMHS or voluntary submissions. I hereby release PMHS, LLC and any previous educational institutions, training schools, certification and / or licensure boards or their representatives from any liability for any and all claims of damages or injuries that may or could result from furnishing information to PMHS.

I understand that if I am tendered an offer of employment I will be requested to take a drug test at the clinic specified by PMHS. *I understand that if I have a dilute negative or positive confirmable test, I will not be considered for employment at PMHS and the job offer will be withdrawn.* I also understand that any job offer will be withdrawn from me if I refuse to take the test. I understand that a copy of the test results will be furnished on written request. I further understand that I may request, in writing and within five days of notification, a retest of the original sample at my own expense.

I understand PMHS must complete a criminal background check in order to employ me at PMHS. I understand that if I am hired by PMHS, I will be employed on a probationary status until the background check is complete. I further understand that if the results of my criminal background check do not meet the criteria of PMHS, I may be subject to immediate termination of employment.

If employed by PMHS, LLC I agree to conform to the instructions, rules, and policies of PMHS now and in the future. I understand that if I am hired, my employment and compensation can be terminated at any time with or without cause, and with or without notice at the option of PMHS or myself. I further understand that no representative other than the Clinical Director/Administrator of PMHS may enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature: _____ Date: _____

Pathways Mental Health Services, LLC maintains an EQUAL EMPLOYMENT OPPORTUNITY / DRUG FREE / TOBACCO FREE WORKPLACE: All qualified persons will be considered for employment without regard to race, religion, marital status, sex, age, sexual orientation, national origin, disability, application for worker's compensation benefits or any other legally protected class applicable under federal, state, or local law, regulation, rule or Executive Order or other applicable legal requirement.