



Piedmont Access to Health Services Job Application

Instructions: Print clearly in black ink. Answer all questions.

Personal:

Date: _____

Name: (Last, First, Middle)

Social Security #:

Address: _____

Phone #: (____) _____

Position Desired: _____

Full-time ___ Part-time ___

Have you ever worked for PATHS? Yes ___ No ___

Have you ever been convicted of a felony? ___ Yes ___ No

Have you ever failed a drug test? ___ Yes ___ No

Emergency Contact:

Name: _____

Phone #: _____

Relationship: _____ Address: _____

Education:

	Name & Address of School	Major	Degree/Diploma
High School	_____	_____	_____
	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____

Work Experience:

1. Employer: _____
Address: _____
Supervisor: _____
Phone #: _____ Job Title: _____
From: _____ To: _____
Duties: _____

Reason for Leaving: _____

2. Employer: _____
Address: _____
Supervisor: _____
Phone #: _____ Job Title: _____
From: _____ To: _____
Duties: _____

Reason for Leaving: _____

3. Employer: _____
Address: _____
Supervisor: _____
Phone #: _____ Job Title: _____
From: _____ To: _____
Duties: _____

Reason for Leaving: _____

May we contact your present employer? Yes _____ No _____

References: (Exclude relatives and former employers).

Name/Title	Address/Phone #:	Occupation:
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that any false information on this application may be grounds for me not being hired.

Signature: _____

Date: _____