

If you have a criminal history, this job is not for you!

We are licensed by the Department of Health Services, which does not allow anyone with a criminal history to work for our company.

Please do not apply if you have been charged or convicted of the following Penal Code Sections:

- 187 Murder defined; death of fetus
- 192(a) Manslaughter, voluntary
- 203 Mayhem
- 205 Aggravated Mayhem
- 206 Torture
- 207 Kidnapping
- 209 Kidnapping for ransom, reward, or extortion or robbery
- 210 Extortion by posing as kidnapper or by claiming ability to obtain release of victim
- 210.5.1 False imprisonment for purposes of protection from arrest or use as shield
- 211 Robbery
- 220 Assault with intent to commit mayhem, rape, sodomy, oral copulation, rape in concert with another, lascivious acts upon a child, or penetration of genitals or anus with foreign object.
- 222 Administering stupefying drugs to assist in commission of a felony
- 243.4 Sexual battery
- 245 Assault with deadly weapon or force likely to produce great bodily injury
- 261 Rape
- 262 Rape of spouse
- 264.1 Rape or penetration of genital or anal openings by foreign object, acting in concert by force or violence
- 265 Abduction for marriage or defilement
- 266 Inveiglement or enticement of unmarried female under 18 for purposes of prostitution
- 267 Abduction; person under 18 for purposes of prostitution
- 273a willful harm or injury to a child; endangering person or health
- 273d Corporal punishment/injury to a child
- 273.5 Willful infliction of corporal injury
- 285 Incest
- 286c Sodomy with person under 14 years against will by means of force, violence, duress, menace, or fear
 - d Voluntarily acting in concert with or aiding and abetting
 - f Sodomy with unconscious victim
 - g Sodomy with victim with mental disorder or developmental or physical disability
- 288 Lewd or lascivious acts with child under age of 14
- 288a© Oral copulation with person under 14 years against will by means of force, violence, duress, menace or fear
 - d Voluntarily acting in concert with or aiding and abetting
 - f Oral copulation with unconscious victim
 - g Oral copulation with victim with mental disorder or developmental or physical disability
- 288.5 Continuous sexual abuse of a child
- 289 Penetration of genital or anal openings by foreign object
- 289.5 Rape and sodomy
- 368 Elder or dependent adults; infliction of pain or mental suffering or endangering health; theft or embezzlement of property
- 451 Arson of structure, forest, land or property; great bodily injury
 - Burglary
- 470 Forgery, intent; documents of value; counterfeiting seal; falsification of records
- 475 Possession or receipt of forged bills, notes, trading stamps, lottery tickets or shares
- 484 Theft
 - 484b Intent to commit theft by fraud
 - 484d-j Theft of access card, forgery of access card, use of card unlawfully altered or obtained; false representation of card ownership
 - 487 Grand theft
 - 488 Petty theft
- 496 Receiving stolen property
- 503 Embezzlement
- 518 Extortion
- 666 Repeat convictions for petty theft, grand theft, burglary, carjacking, robbery and receipt of stolen property

Ability Pathways Inc.
Employment Application
NOTICE TO APPLICANT AND EMPLOYEES
 Screening test for alcohol and illegal drug use may be required before hiring and during your employment

Ability Pathways Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, age, national origin, disability or veteran status. We assure you that your opportunity for employment with Ability Pathways Inc. depends solely on your qualifications for the position.

POSITION (S) APPLIED FOR _____ DATE OF APPLICATION ____/____/____

NAME _____
 LAST FIRST MIDDLE

ADDRESS _____
 STREET CITY STATE ZIP

TELEPHONE () _____ - _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

Date of Birth ____/____/____ (This information is for the purpose of verifying your social security number)

Are you over 18...? () Yes () No

Have you ever been employed here before? () Yes () No

Are you legally eligible for employment in this country? () Yes () No

(Proof of US citizenship or immigration status will be required upon employment.)

Applying for: () full time () Part-time () 1st shift () 2nd shift () 3rd shift () noc

Are you willing to work any day (s), shift(s), including nights, or overtime as assigned?.....() Yes () No

Have you been convicted of a criminal offense... () Yes () No

Have you ever been convicted of a felony?..... () Yes () No

Are there any felony charges pending against you?..... () Yes () No

If yes to either question provide details including nature of the crime, dates, and location:

(Record of charges or convictions does not necessarily disqualify applicant from employment consideration. Criminal record checks may be required as a condition of your employment.)

In order to verify your records, please list any other names (s) (e.g., maiden) by which you may have been known and relevant dates.

Driver's license number (if required by job) _____ State _____ Type _____

Currently Valid? Yes () No ()

Do you have any obligations or other reasons, which would limit your ability to travel or work overtime?

() Yes () No

If yes please explain _____

Will you be able to do lifting of at least 35 lbs.? () Yes () No

Explain if no _____

EMPLOYEMENT HISTORY List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	

From	To	Employer	Telephone ()
Job Title		Address	
Immediate Supervisor		Summarize the nature of work performed and job responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company

EDUCATIONAL BACKGROUND

Name and Location	Years Completed	Did you Graduate?	Course of Study
High School			
College			
Other			

REFERENCES

Name	Telephone	Relationship	Years Known
	Area Code ()		
	Area Code ()		
	Area Code ()		

Referral Source:

- Advertisement Job Posting Agency School Employee
 Walk-in Job Fair New Acquisition Other _____

Do you have any friends or relatives who are currently employed with us? If yes, who?

Do you have any friends or relatives who were previously employed with us? If yes, who and when?

CERTIFICATION & AGREEMENT

I authorize the release to Ability Pathways Inc. (and/or any of its licensed agents) of information held by any parties regarding my previous employment, criminal history record and/or of convictions in state and local files for violation of any federal, state/provincial, local statutes or ordinances, military records, credit history, driving record and scholastic records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

I certify that all the information I have provided on this application is true and accurate. I understand that misstatements, omissions, or false or misleading statements which I have provided on this application, on my resume and/or in interview(s) shall constitute grounds for refusal to hire or immediate termination of employment.

I understand that the company may change the terms and conditions of employment at any time without notice. In consideration of employment with Ability Pathways, I agree to comply with all the policies, procedures and requirements of Ability Pathways. I understand this application and/or any API policy, manual, handbook or other written document describing such items does not constitute a written contract at this time or in the future. I understand my employment would be at-will and that my employment could be terminated at any time by either party, with or without cause and with or without notice. Any modification of the at-will employment relationship, oral or written, can only be accomplished by a written document signed by Ability Pathway’s Chairman/President/CEO or Board of Directors.

I have read and understand the above.

Applicant’s Signature

Date

This Employment application is current for sixty (60) days. If you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

HEALTH ADVISORY

Employment with Ability Pathways, Inc., because of the nature of the work, may sometimes require bending over and lifting during such activities as wheelchair transfers, client bathing activities, etc. If you have **ANY** history of severe or migraine headaches, dizzy spells, back trouble, back aches, back injury, back surgery, back pain upon lifting, knee surgery or any other related medical condition, **THIS JOB IS NOT FOR YOU.**

I hereby certify that I have no medical or related conditions as described above, which would preclude me from my duties nor are there any work related “lifting” duties that would aggravate any current or previous medical conditions I may have.

SIGNATURE: _____ DATE: _____

NOTICE

The department of Health Services, Licensing and Certification (DHS) and the Department of Social Services requires all new employees to be fingerprinted. The cost for the finger prints to be processed by the California Department of Justice is \$73.00.

The Department of Health Services, Licensing and Certification and Community Care Licensing also require employees to have a Physical Exam and TB test prior to working with in the company. As a new employee you will also be required to attend CPR class.

Ability Pathways Inc. will pay the fingerprint processing and the \$45.00 Physical Exam/TB test fee. If you should require a Chest x-ray in lieu of a TB skin test we will also cover the cost of \$65.00. There is also a drug screen that we will pay for at the cost of \$26.00.

Ability Pathways Inc. will also pay for your CPR class which cost \$25.00. If you wish to receive the CPR card you will have to pay the \$25.00.

If you should end your employment with Ability Pathways Inc., at any point within 90 days for any reason we will deduct all above said costs from your final check.

**If you should need a copy the following prices will apply:
CPR \$ 25.00, Physicals \$40.00, Chest x-rays \$25.00, and TB \$5.00.**

I acknowledge that I have read, accept, and understand the above as conditions of employment for Ability Pathways Inc.

SIGNATURE: _____ DATE: _____



REFERENCE CHECK

Applicant Name: _____ Social Security #: _____

Company Name: _____ Telephone: _____

Address: _____

City/State /Zip: _____

Employment Dates: _____ to _____ Earnings\$: _____ hourly/biweekly (circle one)

Job Title: _____

I authorize the release to Ability Pathways, Inc. of information held by any parties regarding my previous employment and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.

Applicant signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

The individual above has applied for the position of _____ with Ability Pathways Inc. Please furnish the information requested below. Any and all information provided will remain confidential and for our records only. We appreciate your cooperation in maintaining the highest professional standard of health care.

Ability Pathways Inc. Representative: _____ Date: _____

How would you rate this person on?

1-Excellent 2-Good 3-Satisfactory 4-Unsatisfactory 5-Unable to evaluate

Performance _____ Dependability _____

Skills related to the job _____ Appearance _____

Working relationship with other employees _____ working relationship with clients _____

Are the above employment dates correct? () Yes () No if no, please provide correct dates: _____ to _____

Reason for separation: _____

Are the above earnings correct? () Yes () No If no, why not? _____

Would you rehire this individual? () Yes () No If no, why not? _____

Do you recommend this applicant for employment? () Yes () No

Are you aware of any incident for which this individual was convicted of having abused, neglected or mistreated an individual?

If yes, please provide date and circumstances on an attachment. _____

Signature _____ Title _____ Date _____