



Last Name: _____ First _____
Address _____

Date of Birth: _____ Social Security Number: _____
Drivers license Number or State Identification number: _____
Day time Phone: _____ Evening: _____
Best time to contact you: _____

Are you currently employed: _____ Where: _____
Supervisor: _____ Phone: _____
May we contact your current employer: _____

Are you prevented from lawfully becoming employed in the country because of Visa or immigration status: _____

Do you have reliable transportation: _____

List three references including phone number. Please have only one personal reference.

Please list your three most recent employers or attach resume:

Employer name: _____ Phone Number _____
Dates worked _____ Supervisors Name _____
Duties _____
Reason for leaving _____

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Duties _____
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Dates worked _____ Supervisors Name _____
Duties _____
Reason for leaving _____

Due to the nature of your potential employment with this agency we are required to perform a background check.

Have you been convicted of any felony? _____

By signing below you are giving Alternative Pathways permission to perform a back ground check with Network 180, State of Michigan, Kent County and Michigan Department of Motor Vehicles.

Signature

Date