



COMMUNITY PATHWAYS SERVICES LLC

Careers / Employment Application Form

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Thank you for your interest in joining Community Pathways Services LLC. Please complete this form fully and honestly. Attach your resume, certifications, license information, CPR/First Aid if applicable, and any required background-check documentation.

1. Position Applying For

<input type="checkbox"/> Case Manager	<input type="checkbox"/> Peer Support Specialist	<input type="checkbox"/> CBRS Provider
<input type="checkbox"/> Interpreter	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Other: _____

2. Applicant Information

Full Legal Name: _____

Preferred Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City / State / ZIP: _____

Are you legally authorized to work in the United States? Yes No

Are you 18 years or older? Yes No _____

3. Availability

Available Start Date:	Desired Schedule: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> 1099/Contract
Days Available:	Hours Available:
Can you work evenings/weekends if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Qualifications and Credentials

Highest education completed: _____

Relevant certification/license: _____

Certification/license number and expiration date: _____

CPR/First Aid current? Yes No _____

Have you completed any Medicaid, Magellan, HIPAA, or behavioral-health trainings? Yes No

Languages spoken / interpretation experience: _____

5. Work Experience

Employer 1: _____

Job title: _____

Dates worked: _____

Supervisor / contact: _____

Reason for leaving: _____

Employer 2: _____

Job title: _____

Dates worked: _____

Supervisor / contact: _____

Reason for leaving: _____

Employer 3: _____

Job title: _____

Dates worked: _____

Supervisor / contact: _____

Reason for leaving: _____

6. Background and Compliance

Are you willing to complete a background check as required? Yes No

Have you ever been excluded from Medicaid, Medicare, or any government-funded program? Yes No

Have you ever had a professional license or certification suspended, revoked, or denied? Yes No

Are you willing to follow HIPAA privacy rules and company confidentiality policies? Yes No

Can you provide professional references if requested? Yes No

7. Short Answer Questions

Why do you want to work with Community Pathways Services LLC?

Describe your experience supporting individuals or families with behavioral health, housing, community resources, or interpretation needs.

How would you support a client who feels overwhelmed, unheard, or confused about services?

What strengths would you bring to our team?

8. References

Name	Relationship	Phone / Email	Years Known

9. Applicant Certification and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification from employment or termination if hired. I agree to follow Community Pathways Services LLC policies, HIPAA confidentiality standards, and all applicable rules required for my role.

Applicant Signature: _____

Date: _____