



I have applied for a position at Pathways of Wisconsin, Inc. I hereby authorize you to furnish them with any information you may have that is pertinent to my employment. I release you and your organization from all liability for any damage arising there from.

**MISSION STATEMENT:**

- To value every individual with a disability regardless of his/her abilities or challenges
- To create individualized opportunities for paid employment and other community activities each person chooses
- To enable the individual to be a respected and productive member of the community
- To provide quality, person-centered support in a way that increase people's independence and capacity to advocate for themselves

\_\_\_\_\_  
 Name (please print)                      Signature                      Date

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ is applying for a job at Pathways of Wisconsin, Inc., a social service agency providing vocational support to people living with disabilities. Your answers to the following questions will provide assistance in determining his or her suitability for this job. The information you provide will be kept confidential.

Dates of Employment \_\_\_\_\_ Position \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Would you rehire this person? Y / N

If no why not? \_\_\_\_\_

Please rate this person on the following traits:

	Outstanding	Exceeds Standards	Meets Standards	Unsatisfactory
Attendance/Punctuality				
Initiative/Problem solving				
Responsibility				
Effectiveness				
Ability to work with others				
Communication skills				
Response to criticism				

May I call you if I have other questions? Y / N                      Phone Number \_\_\_\_\_

\_\_\_\_\_  
 Signature                      Title                      Date