
Gateway Center of Monterey County, Inc.

Employment Application

An Equal Opportunity Employer

Please Print

XXXXXX _____
Social Security Number

_____/_____/_____
Date

Last Name First Name Middle
Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

(_____) _____ - _____
Home Phone

(_____) _____ - _____
Business Phone

Email Address

Employment Desired

Position applying for: _____

Salary desired: _____ Referred by: Friend Internet
 Walk-in
 Other _____

Are you applying for:
Regular full-time work? Yes No
Regular part-time work? Yes No
Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available
for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

If hired, on what date can you start work? _____

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Personal Information

Have you ever applied to or worked for Gateway Center before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Gateway Center Yes No

If yes, state name(s) and relationship:

Name

Relationship

Name

Relationship

Why are you applying for work at Gateway Center?

If hired, would you have a reliable means of transportation to and from work? Yes No

Do you have a valid California drivers license? Yes No

Are you at least 18 years old? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Gateway Center? Yes No
 If so, please explain:

Answer the following questions if you are applying for a professional position:
 Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No
 If yes, state reason(s), date of revocation or suspension and date of reinstatement.

Employment History: List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

Name of Employer Telephone No. (____) _____

Type of Business Your Supervisor's Name _____

Address & Street City State Zip _____

Dates of Employment: _____
From To

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer Telephone No. (____) _____

Type of Business Your Supervisor's Name _____

Address & Street City State Zip _____

Dates of Employment: _____
From To

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer Telephone No. (____) _____

Type of Business Your Supervisor's Name _____

Address & Street City State Zip _____

Dates of Employment: _____
From To

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Employment History, continued

Name of Employer Telephone No. (____) _____

Type of Business Your Supervisor's Name

Address & Street City State Zip _____

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer Telephone No. (____) _____

Type of Business Your Supervisor's Name

Address & Street City State Zip _____

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Personal References: List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name Last Name Telephone No. (____) _____

Address & Street City State Zip _____

Occupation No. of Years Acquainted

First Name Last Name Telephone No. (____) _____

Address & Street City State Zip _____

Occupation No. of Years Acquainted

Personal References, continued

_____ (____) _____
First Name Last Name Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

_____ (____) _____
First Name Last Name Telephone No.

Address & Street City State Zip

Occupation No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of my
knowledge. I further certify that I, the undersigned applicant, have personally completed this
application. I understand that any omission or misstatement of material fact on this application or on
any document used to secure employment shall be grounds for rejection of this application or for
immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and
Initials other matters related to my suitability for employment and, further, authorize the references I have
listed to disclose to the company any and all letters, reports and other information related to my work
records, without giving me prior notice of such disclosure. In addition, I hereby release the company,
my former employers and all other persons, corporations, partnerships and associations from any and
all claims, demands or liabilities arising out of or in any way related to such investigation or
disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials be granted or during my employment, if hired, is intended to create an employment contract between
me and the company. In addition, I understand and agree that if I am employed, my employment is for
no definite or determinable period and may be terminated at any time, with or without prior notice, at
the option of either myself or the company, and that no promises or representations contrary to the
foregoing are binding on the company unless made in writing and signed by me and the company's
designated representative.

_____ Date Applicant's Signature