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Gateway Center of Monterey County, Inc.

Employment Application

An Equal Opportunity Employer

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**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

**Employment Desired**

Position applying for: \_\_\_\_\_

Salary desired: \_\_\_\_\_ Referred by:  Friend  Internet  Monterey Herald  
 Salinas Californian  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? .....

**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
<b>High School</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Health Care</b>	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: \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_  
From

\_\_\_\_\_  
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: \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_  
From

\_\_\_\_\_  
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: \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_  
From

\_\_\_\_\_  
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: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
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: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
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



# CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

**Have you ever been convicted of a crime in California ?** .....  **YES**  **NO**

*You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.*

**Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.?** .....  **YES**  **NO**

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

**NOTE:** IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

<b>I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.</b>			
FACILITY NAME Gateway Center of Monterey County, Inc.		FACILITY NUMBER	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

**I. Instructions to Respondents:**

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

*(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)*

What was the offense? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In which state and city did you commit the offense? \_\_\_\_\_

\_\_\_\_\_

When did this occur? \_\_\_\_\_

\_\_\_\_\_

Tell us what happened. (Use additional sheets of paper if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**II. Instructions to Licensees:**

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

**PRIVACY STATEMENT**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

**NOTE: IMPORTANT INFORMATION**

The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.