

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

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Has your license/certification ever been revoked or suspended?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.

Professional 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

The following statistical information is required for compliance with federal laws assuring equal employment opportunity (EEO). Your submission of the information is voluntary. The information you provide on this form will not be used to determine your eligibility or qualification for employment. It will remain in a confidential file separate from your employment application.

Please select one EEO Code only:

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)** - A person having origins in any of the peoples of Europe, the Middle East, or North Africa.
- **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal
- **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

Do you have a disability? If so, please indicate the disability _____

Do you need accommodations to assist to perform job duties? If so, what accommodations are needed?

Did you serve in any of the military services? If so, are you a veteran _____