Gateway Center of Monterey County, Inc. Employment Application An Equal Opportunity Employer

	<u></u>				
	Date				
Last Name Present Address	First N	lame			Middle
No. & Street	City		State	Zip	
Permanent Address (if different from pre-	sent address)				
No. & Street	City		State	Zip	
()		-			
()		-			
Email Address					
Employment Desired		_			
Position applying for:					
Salary desired:	Referred by:	Friend	Internet		
		☐ Walk-in ☐ Other			
Are you applying for: Regular full-time work?					No No
Regular part-time work?					_
Temporary work, e.g., summer of	or holiday work?			Yes	No No
What days and hours are you available for work?					

Are you available for work on weekends?		es No
If hired, on what date can you start work?		
Personal Information		
Have you ever applied to or worked for Gateway Center before?	🗆 3	es 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?	🗆 7	es No
Are you at least 18 years old?		es No
If hired, can you present evidence of your U.S. citizenship or proof of your legal ri and work in this country?		es □ No
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?		∕es □ No
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necess to perform essential functions.)	sary for eligible applica	ants/employee
Are you currently employed?	🗆 ז	es □ No
If so, may we contact your current employer?		es No
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Education, Training and Experience

School	Name and Address				No. of years Completed	Did you Graduate?	Degree or Diploma
High						☐ Yes ☐ No	
School	Name						
	Address						
	City	State	Zip				
College/						☐ Yes ☐ No	
University	Name						
	Address						
	City	State	Zip				
Vocational/						☐ Yes ☐ No	
Business	Name						
	Address						
	City	State	Zip				
Health						Yes No	
Care	Name						
	Address						
	City	State	Zip				
you feel m	we any other experier nake you especially su se explain:						Yes No
	e following questions censed/certified for the						Yes No
Na	ame of license/certific	cation:					
Iss	suing state:	_					
Li	cense/certification nu	mber _					
	icense/certification e						Yes No
If yes, stat	te reason(s), date of re	evocation or suspe	ension and	date of re	einstatement		
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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
			
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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 nec	essary.					
Professional References: Liperformance within the last the		s not	related to you who have k	cnowledge	e of your wo	rk
First Name	Last Name			Teleph	one No.	
Address & Street		_	City	State	Zip	
Occupation			No. of Years Acquainted			
				()	
First Name	Last Name			Teleph	one No.	
Address & Street		-	City	State	Zip	
Occupation			No. of Years Acquainted			
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Professional References, continued

Address & Street City Occupation No. of Years Acquainted First Name Last Name)
Occupation No. of Years Acquainted First Name Last Name Address & Street City Occupation No. of Years Acquainted	Teleph	none No.
First Name Last Name Address & Street City Occupation No. of Years Acquainted	State	Zip
Address & Street City Occupation No. of Years Acquainted		
Address & Street City Occupation No. of Years Acquainted		_)
Occupation No. of Years Acquainted	Teleph	none No.
	State	Zip
Please Read Carefully, Initial Each Paragraph and Sign Below		
Initials I hereby certify that I have not knowingly withheld any information that mi chances for employment and that the answers given by me are true and corresponding to the chances for employment and that the answers given by me are true and corresponding to the chances for employment and that the answers given by me are true and corresponding to the chances for employment and that the answers given by me are true and corresponding to the chances for employment and that the answers given by me are true and corresponding to the chances for employment and that the answers given by me are true and corresponding to the chances for employment and that the answers given by me are true and corresponding to the chances for employment and that the answers given by me are true and corresponding to the chances for employment and that the answers given by me are true and corresponding to the chances for employment and that the answers given by the chances for employment and the chances	rect to	the best of my
	rect to	o the best of my mpleted this
any document used to secure employment shall be grounds for rejection of immediate discharge if I am employed, regardless of the time elapsed befor	this a	pplication or for
Initials I hereby authorize the company to thoroughly investigate my references, we other matters related to my suitability for employment and, further, authorize listed to disclose to the company any and all letters, reports and other information records, without giving me prior notice of such disclosure. In addition, I here my former employers and all other persons, corporations, partnerships and all claims, demands or liabilities arising out of or in any way related to such disclosure.	ze the mation reby in assoc	e references I have in related to my work release the company, itations from any and
Initials I understand that nothing contained in the application, or conveyed during a be granted or during my employment, if hired, is intended to create an emplor me and the company. In addition, I understand and agree that if I am emplor no definite or determinable period and may be terminated at any time, with the option of either myself or the company, and that no promises or represe foregoing are binding on the company unless made in writing and signed by designated representative.	oloymo oyed, i or wi entatio	ent contract between my employment is fo ithout prior notice, at ons contrary to the
Date Applicant's Signature		

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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 racia groups of Africa.
Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any o 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