Gateway Center of Monterey County, Inc.

Employment Application

An Equal Opportunity Employer

_____/_____/_____
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? _____

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	_____	☐ Yes ☐ No	_____
College/ University	_____ Name _____ Address _____ City _____ State _____-_____ Zip	_____	☐ Yes ☐ No	_____
Vocational/ Business	_____ Name _____ Address _____ City _____ State _____-_____ Zip	_____	☐ Yes ☐ No	_____
Health Care	_____ Name _____ Address _____ City _____ State _____-_____ Zip	_____	☐ Yes ☐ 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. **<u>You must complete this section even if attaching a resume</u>**.

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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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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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

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_____ (___) _____
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

Professional 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

_____ Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my 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.

_____ Initials

I hereby authorize the company to thoroughly investigate my references, work record, education and 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.

_____ Initials

I understand that nothing contained in the application, or conveyed during any interview which may 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

CONTINUED ON NEXT PAGE

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_____

Please mail application to:
850 Congress Ave
Pacific Grove, CA 93950
"Attention HR Dept"
and or Email Application to: HR@gatewaycenter.org