



GATEWAY
C E N T E R

WE ARE AN EQUAL OPPORTUNITY EMPLOYER and our employment decisions are made without regard to race, color, religion, age, sex, national origin, handicap, disability, or marital status. We reasonably accommodate individuals with handicaps, disabilities, and bona fide religious beliefs.

Please print and completely answer all questions:

POSITION APPLIED FOR: _____ DATE: _____

SALARY RANGE: _____ DATE AVAILABLE TO START: _____

(Last Name)

(First Name)

(Middle Name)

(Address)

(City)

(State)

(Zip Code)

(County)

(Telephone Number)

(Former Address if less than one year at above address)

(City)

(State)

(Zip Code)

(County)

Is there any other name under which you have employment or education records? Yes _____ No _____

If yes, indicate name records are listed under: _____

Are there any days, shifts, or hours you will not work? Yes _____ No _____

If yes, please explain: _____

Can you, within 3 days after employment, submit documentation verifying that you are legally eligible to work in the United States? Yes _____ No _____

Are you related to any employee of the company? Yes_____ No_____

If yes, Name: _____ Relationship: _____

Have you ever worked for Gateway Center before? Yes_____ No_____

Date(s): _____ to: _____ Reason for leaving: _____

Position: _____ Supervisor's Name: _____

Are you at least 18 years old? Yes___No___ If not, state your age for child labor law purposes only_____

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.) Yes_____ No _____

If yes, please explain and give dates and county of conviction: _____

EDUCATION: (May or may not be considered depending on job applied for.)

Describe any educational degrees, skills, training, or experience you believe are relevant:

Number of years completed: _____

Do you possess a high school diploma or a GED certificate: Yes_____ No_____

_____	_____	_____	_____
High School	# of years	Course of study	Major Field

_____	_____	_____	_____
College	# of years/Degree	Course of study	Major Field

_____	_____	_____	_____
Graduate School	# of years/Degree	Course of study	Major Field

EMPLOYMENT HISTORY: Please complete for full time/part-time employment

Company Name: _____ Dates Employed: _____ to: _____

Address: _____
Street City & State Zip Code

Name of Supervisor: _____ Telephone Number: (____)_____
Area Code

Position Held: _____ Starting salary: _____ Ending: _____

Reason for leaving: _____

Company Name: _____ Dates Employed: _____ to: _____

Address: _____
Street City & State Zip Code

Name of Supervisor: _____ Telephone Number: (____)_____
Area Code

Position Held: _____ Starting Salary: _____ Ending: _____

Reason for leaving: _____

Company Name: _____ Dates Employed: _____ to: _____

Address: _____
Street City & State Zip Code

Name of Supervisor: _____ Telephone Number: (____)_____
Area Code

Position Held: _____ Starting Salary: _____ Ending: _____

Reason for leaving: _____

REFERENCES: Please list three employment references (i.e. supervisors, managers, co-workers, etc.)

Name	Organization/Company Name	Area Code/Telephone #
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Name	Organization/Company Name	Area Code/Telephone #
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Name	Organization/Company Name	Area Code/Telephone #
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Applicant’s Acknowledgement (Please read carefully and sign.)

I certify that the information I have given herein is true and complete to the best of my knowledge. I understand that any misrepresentation, omission of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my immediate dismissal.

I understand that, if employed, my employment with the Employer is not for a specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, customer business practice or other procedure (including the Employers Personnel Handbook or any other personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer.

I authorize investigation of all matters outlined in this application. I hereby give the company and/or its designated subscriber permission to contact previous employers, doctors, medical providers, references, and to conduct investigative background inquires on me including consumer credit, criminal convictions, motor vehicles, and other reports from various Federal, State, and other agencies that maintain records related to the above mentioned items, as well as, claims records on file at insurance companies. I hereby release the company and any person giving or receiving any such information for any purpose related to my employment from any liability as a result of such contacts. Information regarding credit history and driving history will not be inquired into unless it is necessary and directly related to the job applied for in this application.

Applicant’s Signature

Date

Date of Birth