



Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability status, sexual orientation, or any other legally protected status.

Complete the application in its entirety. Do not write "see resume" in any blank. An incomplete application will not be considered for the position available.

Position Applying For:			Date of Application:	
Last Name		First Name		Middle Name
Street Address		City		State
			Zip	
Home Phone		Cell Phone		Social Security Number

If you are under 18 years-of-age, can you provide required proof of your eligibility to work? YES NO

Have you ever been employed with GateWay Services before? YES NO

If yes, give date: _____

Are you currently employed? YES NO

May we contact your most recent employer? YES NO

Are you prevented from lawfully becoming employed in this country because of Vis or Immigration Status?
Proof of citizenship or immigration status will be required upon employment YES NO

On what date would you be available for work? _____

Are you available to work? Full-Time Part-Time On-Call Seasonal

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if the job requires it? YES NO

Have you been convicted of a felony within the last 7 years?
Conviction will not necessarily disqualify an applicant from employment YES NO

If Yes, please explain: _____

How did you hear about this job opening? (Please check one)

- Friend/Relative Newspaper Advertisement _____
- Current GateWay Employee On-Line (Which Website?) _____
- Other: **Please Specify:** _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION:

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO									
Describe Course of Study:																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities:																	
Describe any honors or awards you have received																	
State any additional information you feel may be helpful to us in considering your application.																	

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

REFERENCES:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United State military? YES NO

If Yes, please describe: _____

Are you willing submit to as criminal background check? YES NO

Can you successfully pass a drug test? YES NO

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer:	Dates Employed		Work Performed:
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving:			

2.

Employer:	Dates Employed		Work Performed:
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving:			

3.

Employer:	Dates Employed		Work Performed:
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving:			

4.

Employer:	Dates Employed		Work Performed:
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving:			

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

- Have you been given a job description or had the requirements of the job explained to you? YES NO
- Do you understand these requirements? YES NO
- Can you perform the requirements of this job with or without reasonable accommodations? YES NO

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **"at will"** nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this **"at will"** employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules & regulations of the employer.

***APPLICANT SIGNATURE:** _____ **DATE:** _____

EQUAL OPPORTUNITY EMPLOYER

PROGRAMS, AUXILIARY AIDS AND SERVICES AVAILABLE FOR INDIVIDUALS WITH DISABILITIES UPON REQUEST.

If you are applying for a driving position please answer the following questions:

If you are unsure about the position requirements you are applying for, please ask for clarification if these questions apply to your application.

- Are you willing to transport individuals with disabilities in your personal vehicle? YES NO
- Do you have a current and valid driver's license? YES NO
- Do you have a personal, reliable vehicle, in safe working condition? YES NO
- Do you have current and valid auto insurance? YES NO



Employment Verification Request

DATE: _____

TO: _____

COMPANY: _____

PHONE NUMBER: _____

EMAIL: _____

The individual named below reports that they are working or did work for your company during the period listed below:

*NAME: _____ *SSN: XXX-XX- _____

EMPLOYED FROM: _____ to _____

JOB TITLE: _____

Please verify the individual's current/past employment with your company an sign below:

To the best of my knowledge, the information above is Correct Incorrect.

CORRECTED INFORMATION: _____

SIGNATURE: _____

TITLE: _____ DATE: _____

Please email this form to our attention: rreybuck@gatewayvro.com or dlovell@gatewayvro.com

We appreciate your timely assistance in this matter.

Rose Reybuck, HR & Staff Trainer Dawn Lovell, Human Resource Generalist

RELEASE OF INFORMATION:

For purpose of consideration of my employment, I authorize and request that my current and all former employers and those people I have listed as references furnish **GateWay Services** with information about my employment record. Including a statement of the reason for termination of my employment, work performance abilities, and other qualities pertinent to my qualification for employment; hereby releasing them and **GateWay Services** from all liability and responsibility arising from any information provided. A copy of this release I as valid as an original signature.

*APPLICANT SIGNATURE: _____ DATE: _____



Please write a paragraph indicating how your interest, abilities and experience apply to this position.



Release of Driving Records

Please read the text below and sign where indicated, if you are in agreement with the following paragraph:

I understand that **GateWay Services** may desire to obtain a copy of my driving record for employment purposes. I agree to allow **GateWay Services**, its insurance agent and its insurance company to obtain and review my driving records. This information will be used for determining eligibility and suitability for employment with **GateWay Services**, and I understand my hiring and/or employment will be contingent on the results of the driving records, but that regardless of the results of my driving records, I am not assured employment with **GateWay Services**. I understand that it is my right to refuse disclosure of my driving records. I understand that I have the right to obtain a copy of the records if I am denied employment, or other adverse employment action is taken, because of the driving records, and I have the right to dispute the Secretary of State regarding the accuracy or completeness of the records. I understand the Secretary of State does not make any decisions regarding my hiring, and cannot provide me any specific reasons for the adverse employment action.

FULL NAME _____ *PLEASE PRINT*

SIGNATURE: _____

DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: _____

ATTENTION: Kathy A. Langeland/Lynne Bouwkamp
Lighthouse Insurance Group

FROM: _____
GATEWAY

DATE: _____

Response from Lighthouse Insurance Group:

Applicant/Employee is insurable per insurance company guidelines.

YES NO

COMMENTS:

See Following MVR



Disclosure Authorization

DATE: _____

In connection with your application for employment with or through **Gateway Services**, we may obtain a consumer/investigative report about you as part of the process of considering your eligibility for assignment or placement with specific clients. This may include but is not limited to, an inquiry to obtain information regarding your character, employment history, general reputation, personal characteristics, conviction records, education, qualifications and/or motor vehicle record. In the event the information from the report(s) is used in making an adverse decision regarding your eligibility for assignment or placement, we will notify you and provide you with a written description of your legal rights. If you would like a copy of any Consumer/Investigative Report prepared about you, it is available from this **GateWay Services** office upon written request.

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By signing below, I hereby authorize *GateWay Services* to obtain a consumer/investigative report about me in order to consider me for assignment or placement through *GateWay Services*.

NAME: _____
Please Print Full Name

OTHER NAMES USED: _____
(Last Seven Years)

RACIAL ETHNICITY: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____ YRS: _____ MOS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PREVIOUS ADDRESS: _____ YRS: _____ MOS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PREVIOUS ADDRESS: _____ YRS: _____ MOS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

SIGNATURE: _____

If applying for positions requiring you to drive on the job, please complete the following:

DRIVER'S LICENSE NUMBER: _____ STATE: _____