



Gateway Homes, Inc.

Employment Application

It is the policy and practice of Gateway Homes, Inc., an Equal Opportunity Employer, to forbid discrimination because of race, color, creed, age, sex or national origin. Some positions may, due to licensing, require that the applicant be at least eighteen (18) years of age.

Position Applied For:		Application Date:	
Applicant's Full Name (Last, First, Middle):			
Street/Mailing Address:		E-Mail Address:	
City:		State:	Zip:
Primary Phone:		Secondary Phone:	
<input type="checkbox"/> Cell <input type="checkbox"/> Home		<input type="checkbox"/> Cell <input type="checkbox"/> Home	
Date Available			
List Hours and Days Available:			
<input type="checkbox"/> Day Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Night Shift		<input type="checkbox"/> Weekdays (specify if not all) <input type="checkbox"/> Weekends (specify if not all)	
Have you applied for employment with Gateway Homes previously? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid Virginia Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you, since age 18, been convicted of a misdemeanor or felony: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (<i>a conviction does not exclude you from employment</i>):			
Have you ever sustained a job related injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Do you have any disability that would interfere with your performance of duties required of the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
EDUCATION AND TRAINING			
Circle last year of education completed:			
Grade School 8 9 10 11 12 13 14 15 16 17 18 19 20			
Name of High School Attended:		Degree or Certificate Received:	
Date Last Attended:			

Name of College, Trade School or Higher Learning Program Attended: Date Last Attended:	Degree or Certificate Received:
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Please indicate special licensure/certifications/training that you currently hold in **Virginia** (please attach copies of all current certificates/licenses):

- QMHP
- Medication Aid
- CPR/First Aid
- TOVA or MANDT

List any special skills or certifications which may be applicable to the position applied for:

EMPLOYMENT HISTORY

Please list all jobs, military service and self-employment, beginning with your present/most recent job. Include periods of unemployment greater than one month. Attach additional sheets if required.

Name of Company:	Dates of Employment Beginning: Ending:
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Address:	Supervisor’s Name: Title: Telephone Number:
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Job Title:	Rate of Pay: Beginning: Ending:
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Duties and Responsibilities:

Reason for Leaving:

Name of Company:	Dates of Employment Beginning: Ending:
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Address:	Supervisor’s Name: Title: Telephone Number:
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Job Title:	Rate of Pay: Beginning: Ending:
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Duties and Responsibilities:

Reason for Leaving:

Name of Company:	Dates of Employment Beginning: _____ Ending: _____
Address:	Supervisor's Name: Title: Telephone Number:
Job Title:	Rate of Pay: Beginning: _____ Ending: _____
Duties and Responsibilities:	
Reason for Leaving:	

REFERENCES

List three (3) non-family member references:

Name	Address	Occupation	Phone

How did you learn of this opportunity:

- Current Gateway Employee Name of Employee: _____
- Gateway's Internet Site
- Gateway's Facebook Site
- Newspaper Which Newspaper: _____
- Other Please Specify: _____

I certify the information contained in this application is true and accurate. I understand that any falsification of information will result in immediate dismissal.

Applicant's Signature

Date