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

/	/				
Last Name Present Address	First N	lame			Middle
No. & Street	City		State	Zip	
Permanent Address (if different from present address	ss)				
No. & Street	City		State	Zip	
()		-			
()		-			
Email Address					
Employment Desired Position applying for:					
Salary desired: Re	ferred by:	Friend	Internet		
	-	☐ Walk-in			
		Other			
Are you applying for:  Regular full-time work?  Regular part-time work?  Temporary work, e.g., summer or holiday				Yes	
What days and hours are you available for work?					
If applying for temporary work, during what period From:	of time wi	ll you be availab	le?		

Are you available for work on weekends?	Ye	es 🗌 No
If hired, on what date can you start work?		
Personal Information		
Have you ever applied to or worked for Gateway Center before?	Ye	es 🗌 No
If yes, when?		
Do you have any friends or relatives working for Gateway Center	Ye	es 🗌 No
If yes, state name(s) and relationship:		
Name	Relationship	
Name	Relationship	<del></del>
Why are you applying for work at Gateway Center?		
If hired, would you have a reliable means of transportation to and from work?	Ye	es No
Are you at least 18 years old?	Ye	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 applican	ts/employees
Are you currently employed?	Ye	es 🗌 No
If so, may we contact your current employer?	Ye	es 🗌 No
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## **Education, Training and Experience**

School	Name and Address				o. of years ompleted	Did you Graduate?	Degree or Diploma
High						☐ Yes ☐ No	
School	Name						
	Address			<del></del>			
	City	State	Zip				
Callaga/						Yes No	
College/ University	Name					i es i No	
	Address						
	City	State	Zip				
Vocational/						☐ Yes ☐ No	
Business	Name						
	Address						
	City	State	Zip -				
<b>77</b> 10	City	State	Z.ip				
Health Care	Name			<del></del>		Yes No	
	Address						
	City	State	Zip				
	ve any other experier ake you especially su se explain:						Yes No
	e following questions censed/certified for the					[	Yes No
Na	me of license/certific	cation:					<del> </del>
Iss	uing state:	_					<del> </del>
	cense/certification nu	_			<del>.</del>		
=	icense/certification e		=				」Yes □ No
ir yes, state	e reason(s), date of re	evocation or suspe	ension and d	ate of reins	tatement	•	
			_, , , , , , , , ,				<del></del>
	Gateway Cente	er of Monterey C	County, Inc.	<b>Employm</b>	ent App	lication - Page	3

**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		<del></del>
Address & Street	- City	State Zip	<del></del>
Dates of Employment:			
From To	<u> </u>		
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	<u>C:</u>		<del></del>
	City	State Zip	
Dates of Employment: ${\text{From}}$ ${\text{To}}$			
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	<del></del>
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			<del></del>
May we contact this employer	for a reference?		Yes No
Note: Attach additional page(s) if nec	eessary.		
Professional References: Liperformance within the last th		s not related to you who ha	ave knowledge of your work
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	
Gateway Cer	ter of Monterey Cou	inty Inc. Employment A	nnlication - Page 5

## **Professional References, continued**

Address & Street  City  No. of Years Acquainted  Last Name  Tele  Address & Street  City  Stat  Occupation  No. of Years Acquainted  Tele  Total  Total  Total  Total  Total  Total  Total  Tele  Total  Tota	
No. of Years Acquainted   No. of Years Acquainted	ephone No.
First Name  Last Name  City  Stat  Occupation  No. of Years Acquainted  Please Read Carefully, Initial Each Paragraph and Sign Below  I hereby certify that I have not knowingly withheld any information that might chances for employment and that the answers given by me are true and correct knowledge. I further certify that I, the undersigned applicant, have personally application. I understand that any omission or misstatement of material fact on any document used to secure employment shall be grounds for rejection of this	e Zip
Address & Street  City  Stat  Occupation  No. of Years Acquainted  Please Read Carefully, Initial Each Paragraph and Sign Below  I hereby certify that I have not knowingly withheld any information that might chances for employment and that the answers given by me are true and correct knowledge. I further certify that I, the undersigned applicant, have personally application. I understand that any omission or misstatement of material fact on any document used to secure employment shall be grounds for rejection of this	
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application. I understand that any omission or misstatement of material fact on any document used to secure employment shall be grounds for rejection of this	to the best of my
	to the best of my completed this this application or on
immediate discharge if I am employed, regardless of the time elapsed before d	
Initials  I hereby authorize the company to thoroughly investigate my references, work other matters related to my suitability for employment and, further, authorize t listed to disclose to the company any and all letters, reports and other informat records, without giving me prior notice of such disclosure. In addition, I hereb my former employers and all other persons, corporations, partnerships and ass all claims, demands or liabilities arising out of or in any way related to such in disclosure.	he references I have ion related to my work y release the company, ociations from any and
Initials  I understand that nothing contained in the application, or conveyed during any be granted or during my employment, if hired, is intended to create an employed me and the company. In addition, I understand and agree that if I am employed no definite or determinable period and may be terminated at any time, with or the option of either myself or the company, and that no promises or representate foregoing are binding on the company unless made in writing and signed by madesignated representative.	ment contract between I, my employment is fo without prior notice, at tions 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.

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