

Employment Application for

GATEWAY

Please Type or Print Clearly

PERSONAL DATA:

Name: _____ Soc. Sec. No. _____ - _____ - _____

LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Cell/Pager: () _____ - _____ Msg:() _____ - _____

Position Applying for? _____ Do you have Experience? _____

How were you referred to us? _____

Have you ever worked for Gateway? _____ If YES, When and Which Location? _____

Reason for Leaving Gateway? _____

Are you Under 18? Yes No Are you US Citizen? Yes No

If hired, can you supply the required documentation to verify your lawful right to work in the United States? Yes No

Certain Jobs require lifting. Do you have restrictions on lifting? Yes No

How many lbs can you lift? _____

Certain Jobs require Driving. Do you possess a valid Oregon Driver's License? Yes No Class? _____

Type of Employment you expect (Check all that apply) Shifts you are willing to work (Check all that apply)

Full Time Part Time, How many hours are you looking for? _____

Daytime Evenings Nocturnal

Days you are willing to work (Check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Have you ever been found to have committed abuse? Yes No

EMPLOYMENT EXPERIENCE:

LIST LAST 3 EMPLOYERS, BEGIN WITH THE MOST RECENT. ACCOUNT FOR ANYTIME DURING THIS PERIOD THAT YOU WERE UNEMPLOYED FOR 3 OR MORE MONTHS.

USE A SEPARATE SHEET OF PAPER IF NECESSARY.

Employer: _____ Phone: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Position: _____ Supervisor: _____

Employed From ___/___/_____ To ___/___/_____

Responsibilities: _____

Reason for leaving: _____

Starting Salary: \$ _____ per _____ Ending Salary: \$ _____ per _____

Average Hours/Week worked: _____ May we contact this Employer? Yes No

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Responsibilities: _____

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Starting Salary: \$ _____ per _____ Ending Salary: \$ _____ per _____

Average Hours/Week worked: _____ May we contact this Employer? Yes No

EDUCATION: (Last Attended)

Name of School: _____ State: _____

Number of years Completed: _____ Course: _____

REFERENCES:

PLEASE FURNISH THE NAMES, ADDRESSES AND PHONE NUMBERS OF INDIVIDUALS WHO ARE NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR ABILITIES AND QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING.

Name: _____ Phone: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

AGREEMENT: (Please read the following statement carefully before signing this application)

I certify that my answers are true and complete to the best of my knowledge. I authorize Gateway to make such investigations and inquiries of my personal, employment, or educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed by Gateway, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature

Date