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Employment Application

PERSONAL DATA:

Name: _____
Last, First, Middle

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

Phone: _____ E-Mail: _____

Communication Preference: ☐ Phone ☐ E-mail

Position Desired? _____ Do you have Experience? _____

Can you perform the essential functions of the position for which you are applying? ☐ Yes ☐ No

When would you be available to begin work? _____

How were you referred to us? _____

Have you ever worked for Gateway? ☐ Yes ☐ No If yes, when and which location? _____

Reason for leaving Gateway? _____

Are you under 18? ☐ Yes ☐ No Are you legally eligible to be employed in the United States? ☐ Yes ☐ No
(Proof of identity and eligibility will be required upon employment).

Certain Jobs require lifting. Do you have restrictions on lifting? ☐ Yes ☐ No If yes, how many lbs. can you lift? _____

Certain Jobs require Driving. Do you possess a valid Oregon Driver's License? ☐ Yes ☐ No
If not are you able to obtain one within 30 days of hire? ☐ Yes ☐ No

Do you have any relatives or friends who work for the Gateway? ☐ Yes ☐ No
If yes, who _____ and which campus? _____

You are applying for: (Check all that apply)

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

Shifts you are willing to work: (Check all that apply)

☐ Days ☐ Swing ☐ Nocturnal
6 am – 2 pm 2 pm – 10 pm 10 pm – 6 am

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

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ *Friday ☐ *Saturday ☐ *Sunday

All new Caregivers are required to work Friday, Saturday and Sunday

What campus interests you most (Check all that apply)

☐ Gateway Living ☐ Gateway Gardens ☐ McKenzie Living Springfield ☐ McKenzie Living Eugene

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

EMPLOYMENT EXPERIENCE:

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your employer? ☐ Yes ☐ No

If presently employed, why are you considering leaving? _____

LIST LAST 3 EMPLOYERS, BEGIN WITH THE MOST RECENT. ACCOUNT FOR ANY TIME DURING THIS PERIOD THAT YOU WERE UNEMPLOYED FOR 3 OR MORE MONTHS. USE A SEPARATE SHEET OF PAPER IF NECESSARY.

Employer: _____

City: _____ State: _____ Zip: _____

Position: _____ Supervisor: _____

Phone: _____ E-Mail: _____

Employed From _____ To _____ May we contact this Employer? ☐ Yes ☐ No
Month/Year Month/Year

Responsibilities: _____

Employer: _____

City: _____ State: _____ Zip: _____

Position: _____ Supervisor: _____

Phone: _____ E-Mail: _____

Employed From _____ To _____ May we contact this Employer? ☐ Yes ☐ No
Month/Year Month/Year

Responsibilities: _____

Employer: _____

City: _____ State: _____ Zip: _____

Position: _____ Supervisor: _____

Phone: _____ E-Mail: _____

Employed From _____ To _____ May we contact this Employer? ☐ Yes ☐ No
Month/Year Month/Year

Responsibilities: _____

SPECIAL SKILLS, ABILITIES, and/or CERTIFICATIONS:

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying?

☐ Yes ☐ No If yes, please describe. _____

EDUCATION: (Last Attended)

Name of School: _____ State: _____

Number of years Completed: _____ Courses/Degree: _____

PROFESSIONAL REFERENCES:

PLEASE FURNISH THE NAMES, PHONE NUMBERS AND E-MAIL 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: _____ Occupation: _____

Phone: _____ E-Mail: _____

Name: _____ Occupation: _____

Phone: _____ E-Mail: _____

Name: _____ Occupation: _____

Phone: _____ E-Mail: _____

Gateway Adult Care is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

AGREEMENT:

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE Gateway Adult Care to make such investigations and inquiries of my personal, employment, or education 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.

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

This Employment Application is only valid for 30 days. If you wish to be considered for employment after 30 days, you must submit a new Employment Application.

I understand that Gateway Adult Living is a Drug-free Workplace and that any offer of employment with the Company will be contingent upon me passing a pre-employment drug test for controlled substances, including marijuana, which will involve submitting a urine sample.

Gateway Adult Living conducts background checks prior to hire in order to ensure a safe and secure work environment in which, residents, staff, resources, and assets are protected while protecting the integrity and confidentiality of information gathered during the evaluation. Background checks will only be conducted on applicants that are offered the finalist only following the issuance of a contingent offer of employment.

Applicant Signature: _____ Date: _____

For an interview you may return completed application in person to our Corporate office located at
245 E 4th Avenue
Eugene, OR 97440

or e-mail to

cmay@gatewayliving.com