

EMPLOYMENT APPLICATION

An Equal Opportunity Employer



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

(All sections must be completed. Please print clearly in ink).

PERSONAL DATA

Name (Last, First, Middle)		Home Telephone No.
		Cell Phone No.
Street Address		Email Address
City, State, Zip Code		Have you ever worked for Gateways Community Services/Area Agency of Greater Nashua, Inc before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Desired Position & Salary Range		Are you Interested in <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> seasonal
How did you hear about this position?		Who referred you?

EMPLOYMENT HISTORY (Please list most recent employer first)

1. From (mo./yr.)	Thru (mo./yr.)	Company Name	Supervisor
Address		Telephone No. (include area code)	
Department/Position/Duties			
Final Wage	Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. From (mo./yr.)	Thru (mo./yr.)	Company Name	Supervisor
Address		Telephone No. (include area code)	
Department/Position/Duties			
Final Wage	Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. From (mo./yr.)	Thru (mo./yr.)	Company Name	Supervisor
Address		Telephone No. (include area code)	
Department/Position/Duties			
Final Wage	Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. From (mo./yr.)	Thru (mo./yr.)	Company Name	Supervisor
Address		Telephone No. (include area code)	
Department/Position/Duties			
Final Wage	Reason for Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

Highest Grade Completed	School/College	City/State
Diploma/Degree		Major Area of Study
Specialized Training Relevant to the Desired Position		

PROFESSIONAL LICENSE(S), REGISTRATION(S) OR CERTIFICATION(S)

Number	<input type="checkbox"/> license <input type="checkbox"/> registration <input type="checkbox"/> certification	Issued By
Other Type of Credential, Please Specify		

OTHER INFORMATION

Do you have a current driver's license (If required for the job)	State of Issue	License No.
Have you ever been convicted of a criminal offense, other than a traffic violation, that has not been annulled by the court? <input type="checkbox"/> yes <input type="checkbox"/> no (Such a conviction may be relevant if job related, but does not necessarily bar you from employment).		
If Yes, Please Explain:		

PROFESSIONAL/BUSINESS REFERENCES (if not applicable, Personal References)

Name	Company	Title	Phone No. & Email	Relationship

READ CAREFULLY BEFORE SIGNING

- I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.
- I authorize without reservation my former employers, other persons or organizations to verify the accuracy of all information provided by me in this application resume and/or job interview. I release all parties involved from any and all liability for any and all damage that may result from providing such information.
- I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Gateways Community Services that such employment is at will, for no specified duration and may be terminated by either Gateways Community Services or myself at any time, with or without cause or notice.
- I understand that if offered a position, I will be required to authorize a check of criminal conviction record, prior rights violations, motor vehicle records and submit proof of employment eligibility required by the Department of Homeland Security/ U.S. Citizenship and Immigration Services.
- If hired, I agree to be bound by all policies, rules and regulations of Gateways Community Services.
- I understand that this application is considered current for only for 30 day. If I wish to be considered for employment after this period I may be required to fill out and submit a new application.

By signing below; I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____ Date _____ R.2017

Listed below are Federal Government Definitions of Affirmative Action Categories:

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

Black or African America (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 affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Additional Information:

Person with a Disability: A person who

1. has a physical or mental impairment which substantially limits one or more of that person's major life activities
2. has a record of such an impairment
3. or, is regarded as having such an impairment

Special Disabled Veteran: means (i) a veteran of the U.S. military, ground, naval or air service, who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Vietnam-Era Veteran: Any person who was on active duty with any branch of the United States military service during any portion of the Vietnam era and who (1) served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge or (2) was discharged or released from active duty for a service-connected disability. Federal regulations define the Vietnam era as the period between February 28, 1961 and May 7, 1975.

Newly Separated Veteran: means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

Other Protected Veteran: means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

None of the above applies to me: for additional information; no category applies

**Gateways Community Services
APPLICANT EEO DATA RECORD**

Dear Applicant,

It is our policy that equal opportunity employment shall be afforded to all qualified persons and that there shall be no discrimination against any person in any aspect of employment because of race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.

The purpose for this EEO Data Record is to comply with government recordkeeping, reporting, and other legal requirements. This data is for statistical analysis with respect to the success of the Affirmative Action program. Periodic reports are made to the government on the following information. **The completion of the EEO Data Record is voluntary.**

If you choose to volunteer the requested information, please note that all EEO Data Records are kept in a confidential file and are not a part of your application for employment or personnel file. Inclusion or exclusion of any data will not affect any employment decision.



Sandy Pelletier, President & CEO
Gateways Community Services

Name _____ Date _____

Position for which you are applying _____

GENDER:

Male

Female

ETHNIC ORIGIN: (check one of the following)

<input type="checkbox"/> White <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of Europe , the Middle East, or North Africa
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
<input type="checkbox"/> Black or African American <i>(not Hispanic or Latino)</i>	A person having origins in any of the black racial groups of Africa
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <i>(not Hispanic or Latino)</i>	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/> Asian <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent; for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
<input type="checkbox"/> American Indian or Alaskan Native <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of North and South America(including Central America), <u>and</u> who maintain tribal affiliation or community attachment
<input type="checkbox"/> Two or More Races <i>(not Hispanic or Latino)</i>	All persons who identify with more than one of above five races.

Check if any of the following are applicable:

_____ Vietnam Era Veteran

_____ Disabled Veteran

_____ Disabled Individual



DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Area Agency of Greater Nashua, Inc. dba **Gateways Community Services** (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



144 Canal Street, Nashua, NH 03064

All Information Must Be COMPLETED

AUTHORIZATION TO RELEASE INFORMATION

<i>For office use:</i>	
Dept:	_____
Requested by:	_____
Processed:	_____
Completed:	_____

I, _____

Last Name	First Name	Middle Name

Current Address (include street, city, state, zip code)	Dates Lived Here	

Addresses for the Past Seven Years: (include street, city, state, zip code)	Dates of Residence:	

Date of Birth	Other Names Used (including maiden name)	Years Used

Social Security Number	Driver's License # & Expiration Date	State

Email address (may be used for official correspondence)		

I have read and understand the foregoing Disclosure, and authorize Area Agency of Greater Nashua, Inc. dba **Gateways Community Services** to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do _____ do not _____ authorize you to contact my current employer for Employment and Reference Verifications

This will authorize immediate inquiries to the Human Resources Department in the Employment/Reference Section of your application.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

I understand that if I have lived or worked in MASSACHUSETTS within the last 7 years, that I must complete a Criminal Offender Record Information (CORI) Acknowledgement Form in addition to this form.

WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN MASSACHUETTS, you should add the following language to the end of the Authorization:

- By checking this box, you are acknowledging that you have been informed of your right to request a copy of the investigative consumer report we obtained on you and you are exercising your right to obtain a copy of that report.

_____	_____	_____
Printed Name	Applicant Signature	Date



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

BDS AREA AGENCIES or COMMUNITY MENTAL HEALTH CENTERS

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____
Signed under penalty of unsworn falsification pursuant to RSA 641:13

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:
Jessica Cortés / Gateways Community Services

Address 144 Canal Street city Nashua State NH Zip 03064

Your Signature _____ Date _____

Notary's Signature _____

Signature of person/entity to receive record _____ (AFFIX SEAL) Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

New Hampshire Criminal History Record (convictions only) - \$7.50

NOTE: Make checks payable to: State of NH – Criminal Records

BEAS STATE REGISTRY CONSENT FORM
(RSA 161-F: 49*)

Employer Information

I hereby authorize the release of any adult abuse, neglect, and/or exploitation record that you might find concerning me to: ***(This portion must be filled out in order to be processed.)***

Employer name: _____

Mailing address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

For Official Use Only

Employee Information

PLEASE PRINT IN CLEAR BLOCK LETTERS

(If content is illegible, it will be stamped "Unable to Process" and returned.)

Last name: _____ First name: _____ Middle Initial: ____

Mailing address: _____ City/State/Zip: _____

Telephone _____ Gender: Female Male

Also known by the following names (Maiden name, etc.):

Last name: _____ First name: _____ Middle Initial: ____

Last name: _____ First name: _____ Middle Initial: ____

Date of Birth: Month: _____ Day: ____ Year: _____ Social Security #: _____

(Required)

(Optional)

Position: _____ Select one: Applying Current Position

Employee Consultant Volunteer Other: _____

I understand that the information disclosed and provided by BEAS, under this State Registry Consent Form, is intended for use by the above-named employer in conjunction with my employment/volunteering.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

(Required)

Fax to: (603) 271-6875 or Email: BEASStateRegistry@dhhs.nh.gov

or Mail to: BEAS State Registry, 129 Pleasant Street, Concord, NH 03301

***This record check pertains only to findings made on or after July 1, 2007 pursuant to RSA 161-F: 49.**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR
EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING
PURPOSES

Gateways Community Services is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Gateways Community Services** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Gateways Community Services** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The **Gateways Community Services** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Gateways Community Services** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

Criminal Offender Record Information Acknowledgement Form

Subject Information:

Last Name **First Name** **Middle Name** **Suffix**

Maiden Name (or other name(s) by which you have been known)

_____ _____/_____/_____

Place of Birth **Date of Birth**

Last Six Digits of your Social Security Number (Requested, not required): _____ - _____

Sex: _____ **Height:** _____ ft. _____ in. **Eye Color:** _____ **Race:** _____

Driver's License or ID Number: _____ **State Issue:** _____

Mother's Full Maiden Name

Father's Full Name

Above information was verified by reviewing the following form(s) of government issued identification:

Verified by:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee