

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			
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			
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			
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			
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)

Professional License 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:		
Have you ever been Excluded (per Federal Department of Health and Human Services, Office of Inspector General) from participating in Medicaid and/or Medicare? <input type="checkbox"/> yes <input type="checkbox"/> no		
Are you currently Excluded from participating in Medicaid and/or Medicare? <input type="checkbox"/> yes <input type="checkbox"/> no		

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

Name	Company	Title	Phone No. & Email Address	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 pre-employment and throughout my employment: a check of criminal conviction record, prior rights violations, motor vehicle records, Federal Department of Health and Human Services Office of Inspector General list of all excluded individuals and entities 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 30 days. 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.05.2019

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