

After Gateway Inc. Application for Employment

Full-time
 Part-time
 Substitute
 Summer

Personal Information

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Other Phone: _____

Have you lived in North Carolina for five (5) years or more? Yes _____ No _____

If no, please list in which state you resided previously: _____ How long did you live there? _____

SS#: _____ DOB: _____

Driver's License Number/State Issued: _____

Have you ever been convicted of a crime?

Yes _____ Please explain _____

No _____

Do you hold current CPR certification? Yes _____ No _____

Certifying Organization _____ Exp. Date _____

Do you hold current first aid certification? Yes _____ No _____

Certifying Organization _____ Exp. Date _____

Are you free from any and all communicable diseases, including tuberculosis? Yes _____ No _____

Have you ever worked with developmentally disabled individuals? Yes _____ No _____

How did you learn about After Gateway/this position? _____

Are you related to anyone employed at After Gateway? Yes _____ No _____

If yes: Name/Relationship _____

Employment History

List employers, starting with present or most recent.

Dates	Company Name/Address	Supervisor	Phone	Position/Salary	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

May we contact your current employer? _____ Yes _____ No

[please complete next page]

Education

School	Name/Location	Graduated/Year	Degree/Certification
High School		Yes No	
Technical School		Yes No	
College		Yes No	
Grad School		Yes No	
Other		Yes No	
Other		Yes No	

Special studies/research: _____

Special training: _____

References

Provide the names of three persons for whom or with whom you have worked, whom you have known for at least one year.

Name	Address	Phone	Occupation	Relationship	Years Known

In the event I am considered for employment with After Gateway, I give my consent to a criminal background check, driving records check, healthcare registry check, and to investigation of all statements contained in this application. I also understand that I will have to have my physician certify my employability. I understand that any misrepresentation or omission of facts called for on this application is cause for dismissal.

I understand and agree that my employment is for no definite period and that I may be terminated at any time for any reason without notice.

Signed: _____ Date: _____