



An Equal Opportunity Employer

Application for Employment

Applicant Demographics **Application for Employment**

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____
(street, apt #) (city) (state) (zip code)

Telephone: (____) _____ - _____ Email address: _____

SSN: _____ Date Of Birth: _____

Employment Details

Position applying for: _____ Have you been employed by GHS in the past? YES NO

How did you hear about GHS and this job opportunity? GHS website Indeed.com Facebook

LinkedIn Friend/Relative: _____ Other: _____

Are you legally eligible for employment in the United States? YES NO

Do you have an active driver's license? YES NO

Do you have active and valid auto insurance? YES NO

Background Checks

GHS conducts various background checks (criminal, motor vehicle, sex offender registry, related government agencies, etc), once an offer of employment is made to a candidate. *Please note that answering yes to the below questions does not automatically disqualify you for employment.*

Have you ever been convicted of a crime? YES NO

Have you ever been convicted of any serious driving violations in the last five (5) years? (ie. driving after suspension, driving to endanger, criminal speeding, operating under the influence, etc)? YES NO

Have you ever been subject to any exclusion actions taken by Medicare, Medicaid, DHHS (APS/CPS) or any other related government programs? YES NO

If you answered YES to any of the above 3 questions, please provide detailed explanation below, including dates:

Education

Do you have your high school diploma (or equivalent)? YES NO

Have you attended any continued education (college/university, trade/vocational, certificate programs, other)? YES NO
If so, please provide details and related degrees or certificates you have obtained:

Work experience

Dates: from ____ / ____ / ____ to ____ / ____ / ____

Company Name: _____ City and State: _____

Job Title: _____

Job Duties: _____

Dates: from ____ / ____ / ____ to ____ / ____ / ____

Company Name: _____ City and State: _____

Job Title: _____

Job Duties: _____

Dates: from ____ / ____ / ____ to ____ / ____ / ____

Company Name: _____ City and State: _____

Job Title: _____

Job Duties: _____

Certification of Application Materials and Authorization of Release of Information

I hereby certify, to the best of my knowledge, the answers given above are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for immediate dismissal. If employed, I understand that my employment may be terminated at any time, with or without cause and without advance notice. I understand the requirements of the job for which I am applying and will be able to successfully perform such requirements with or without reasonable accommodations. I further understand that if hired, I will have no employment contract and any verbal statements to the contrary are void. Furthermore, I hereby authorize any representative of GHS bearing this release, or a copy thereof, to obtain any information from agents or agencies relating to my employment. I hereby authorize related agents or agencies to furnish GHS with any information they may have on record or otherwise concerning me. I understand that any information released is for official use by GHS in reference to consideration of the undersigned for employment, and that this information may be re-disclosed to such third parties as necessary to determine my suitability for employment by GHS.

BY SIGNING THIS, I CERTIFY HAVE READ AND UNDERSTAND THE ABOVE CERTIFICATION AND AUTHORIZATION.

Print Name: _____ Today's Date: ____ / ____ / ____

Signature: _____

To be completed ONLY by those applying for a Direct Support position:



Applicant Availability Form

Applicant's Printed Name: _____ Today's Date: ____/____/____

Shift Availability (please circle which days and shifts you are available):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am – 8pm	8am – 8pm	8am – 8pm	8am – 8pm	8am – 8pm	8am – 8pm	8am – 8pm

Location Availability (please note how many minutes you are willing to travel from your city of residence):

I currently reside in: _____ (city/town name)

I am willing to drive up to _____ minutes to any GHS program(s) from my place of residence listed above. *Please note that the minimum travel time cannot be less than 30 minutes.*

Hours Availability (please circle how many hours you would like to work):

10-31 hours

32-40+ hours

Date available to start work: ____/____/____

Please note that all new hires start by attending a full week of classroom orientation as well as 8 hours of shadow time in the program scheduled for the following week. You must be able to attend this training in full to be considered for employment.

Authorization:

Hiring decisions will be based on shift, location and hours availability. You will not be able to make any changes to your assigned work availability for the first 90 days.

After 90 days of employment, if you wish to change your availability, you are required to inform your Program Manager or Area Director in writing with request of their approval. Once reviewed, you will be notified if the request has been approved. Requests are not guaranteed and may impact your hours scheduled per week.

Gateway Hope Services reserves the right to staff programs based on business and client needs.

Signature: _____ Date: _____