

List below your employment history (starting with your present or most recent employer). You **must completely** fill in this section regardless of attaching a resume. Please account for all periods of unemployment in this section.

Dates of Employment	Name & Address of Employer & Telephone #.	Name of Supervisor & Telephone #.	Your Job Title Held Brief Description
From: Month / Year			
To: Month / Year			

Reason for leaving: _____ May we contact this employer? _____ Last Salary _____

Dates of Employment	Name & Address of Employer & Telephone #.	Name of Supervisor & Telephone #.	Your Job Title Held Brief Description
From: Month / Year			
To: Month / Year			

Reason for leaving: _____ Last Salary _____

Dates of Employment	Name & Address of Employer & Telephone #.	Name of Supervisor & Telephone #.	Your Job Title Held Brief Description
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From: Month / Year			
To: Month / Year			

Reason for leaving: _____ Last Salary _____

Do you possess a valid driver's license? _____ What State? _____
(You must have a valid New York State Driver's License to be considered for a position that requires driving.)

IF APPLYING FOR A POSITION WHICH DRIVING IS REQUIRED:

New York State Driver's License #: _____ Classification _____

Indicate those convictions related to moving violations; and any suspension, revocation, DWI convictions, or any occurrence involving harm to persons or property while driving:

Have you ever been convicted of a crime? _____ If yes, list **all** convictions and pending criminal charges and outstanding warrants. Also list the nature and date of conviction(s), your age at time of offense, and your rehabilitation since the conviction:

(A conviction record will not necessarily be a bar to your employment.)

PLEASE READ AND SIGN BELOW

I give Gateway Community Industries, Inc. (GCI) permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by GCI. After a conditional offer of employment has been made, if requested by GCI, I agree to a medical examination that may or may not include a drug test at no personal expense and authorize the examining physician to disclose any findings to GCI. I understand that any offer of employment is conditioned upon receipt of satisfactory references, job-related medical examination(s), drug test, driving record, formal education, criminal history (including convictions and pending criminal charges and outstanding warrants in accordance with NYS Law Chapter 575 Part 550) and other background checks. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of GCI and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either GCI or myself. No statement whether written or oral by any agency representative other than a written statement signed by the CEO may vary the foregoing.

I understand that I may be required to be fingerprinted in order to have a background check processed at no personal expense and authorize the processing agency to disclose the findings to GCI. I understand I must receive a satisfactory result as a condition of employment.

I have provided a truthful and complete response to all inquires in the application and understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal. If employed I will become familiar with GCI rules and regulations (policies & procedures), which I understand are subject to change by the GCI.

I understand I may need to use my personal vehicle for company business and/or to transport trainees/residents. I fully understand my personal auto insurance will be the primary carrier. In addition, I agree to have my driving record checked prior to employment and periodically thereafter. I understand that I must maintain a safe driving record free of excessive violations and accidents.

I understand I may need to obtain a special license to drive a company vehicle. This could include a CDL license and/or a 19A. When applying for a position requiring driving under DOT regulations, I hereby give my permission to all prior employers to release any and all drug and alcohol testing records to GCI.

I understand that I may be required to submit a pre-employment drug test and must receive a negative result as a condition of employment. I further understand that I may be required to submit to a pre-assignment drug test and must receive a negative result in order to work on certain government contracts.

Signature (required)

Date

Incomplete applications will delay processing

Gateway Community Industries is an Equal Opportunity Employer



RE: _____
Applicant Name

The above individual has applied for a position with our Agency and informs us of having been in your employ. The nature of our business requires that we use every precaution in the selection of employees. Therefore, we would appreciate your opinion as to the character and reliability of this individual. Please be assured that your comments will be held in confidence.

Thank you for your anticipated cooperation and prompt response to this inquiry.

Sincerely,

Alice M. Dickey
Vice President, Human Resources

I authorize all former employers to furnish any information concerning my background and release them from all liability in connection with their doing so. In addition, when applying for a position requiring driving under DOT regulations, I hereby give my permission to all prior employers to release any and all drug and alcohol records.

Applicant's Signature Date

To be completed by Company Representative:

Date of Hire: _____ Date of Termination: _____

Last Position: _____

Reason for Leaving: _____

Would you re-employ? _____

Were employee's services satisfactory? _____

Were there any problems with cooperation, quality of work, productivity, dependability, and trustworthiness? _____

Additional Comments: _____

Signature Dated

Title Company Name



Gateway Community Industries, Inc
NOTICE TO APPLICANTS FOR DIRECT CARE POSITIONS

Pursuant to §§ 16.33 and 31.35 of the Mental Hygiene Law and Executive Law § 845-b, amended by Chapter 575, Gateway Community Industries, Inc. is required to conduct a criminal background check of all applicants for employment in positions providing regular and substantial unsupervised or unrestricted physical contact with people receiving services. Pursuant to these regulations we are required to notify you of the following:

- 1) We will submit your fingerprints to the Office of Mental Retardation and Developmental Disabilities or the Office of Mental Health, the office that will forward such information to the Division of Criminal Justice Services. The Division of Criminal Justice Services will then conduct a full search of the records to ascertain if you have any record of a criminal conviction.
- 2) The Office of Mental Retardation and Developmental Disabilities or Office of Mental Health will provide its findings to us. If the background check reveals that you have been convicted of certain enumerated crimes, your application for employment will be rejected. If you have been offered provisional employment, such employment will be terminated.
- 3) Pursuant to the regulations, you have the right to:
 - obtain a copy of the results of the criminal background check, review the information contained and explain same;
 - withdraw your application for employment without prejudice at any time before we make a decision on your application. In such event we will destroy your fingerprint card and any information we may have obtained in connection with the criminal background check.
- 4) The fingerprinting and criminal background checks are conducted at no cost to you.
- 5) Any information we receive about you as a result of a criminal background check will be used only for determining your suitability for employment in a position involving regular and substantial unsupervised or unrestricted physical contact with people receiving services. Such information will be treated as confidential and will not be disclosed to any one else except as permitted by law.
- 6) If your employment application is denied because of information obtained during the course of a criminal background check, upon request, we will provide you with a written statement of our decision and the basis thereof.

I HAVE RECEIVED A COPY OF THIS NOTICE OF CRIMINAL BACKGROUND CHECK ON THE DATE SET FORTH BELOW.

Signature of Applicant	Name of Applicant (Please Print)	Date
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**GATEWAY COMMUNITY INDUSTRIES, INC.
EQUAL EMPLOYMENT OPPORTUNITIES DATA FORM
Applicant Self Identifier**

IMPORTANT – To enable the Agency to meet government reporting regulations and maintain an Affirmative Action Plan, Gateway Community Industries, Inc. requests that you complete this personal data form. **This Information will be used solely for government reporting purposes and will be detached and kept separate from your application.** Any information that you choose to provide will not be considered for employment purposes and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

Applicant's Last Name	First Name	Initial
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Position Desired	Date of Application
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Pursuant to the regulations promulgated under U.S.C. Section 4212, EEO laws and Affirmative Action Plan requirements the following information is requested in an effort to monitor statistics and submit a statistical report to the U.S. Government.

GENDER AND ETHNIC CATEGORY

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) |
| <input type="checkbox"/> Female | <input type="checkbox"/> Asian (not Hispanic or Latino) |
| | <input type="checkbox"/> Black or African American (not Hispanic or Latino) |
| | <input type="checkbox"/> Hispanic or Latino |
| | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (not Hispanic or Latino) |
| | <input type="checkbox"/> White (not Hispanic or Latino) |

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