



Please Read Before Filling Out Application
(This page is for you to keep)

Dear Applicant:

Thank you for your interest in applying for employment with Gatesway. We appreciate your time and consideration in completing the application form.

The following are some items that we need to bring to your attention:

1. It is Gatesway's policy that all employees **MUST** have a high school diploma or a GED and be **at least 19 years of age**.
2. In complying with licensure and Department of Human Services requirements, we are unable to hire applicants who have a felony or certain misdemeanor convictions. **Criminal Background Checks are completed on every applicant who is offered employment.**
3. In order for your application to be considered, you **MUST** complete the application entirely, including your signature and the date that you apply.
4. The application form **MUST** be completed in ink and all of the questions must be answered, even if you are attaching a copy of your resume. All telephone numbers for previous employers listed **MUST** be included.
5. Because some positions require driving a company vehicle or transporting an individual served in your personal vehicle, it is imperative that employees have a current Oklahoma Driver's License and a good driving record (no excessive tickets, no DWI, DUI or reckless driving violations). **Motor Vehicle Reports are obtained on ALL employees.**
6. Gatesway will accept applications Monday-Friday, during the hours of 8:00 am-5:00 pm. All applications are reviewed, references are checked and then Human Resources will call qualified applicants for an interview.
7. A permanent offer of employment will be dependent upon successful completion of all interviews, reference and background checks, and other screenings, which all applicants are required to complete.
8. Gatesway does not discriminate in hiring or employment in practices on the basis of race, color, religion, sex, national origin, age, disability, or veteran status. Reasonable accommodations will be made to assist people with disabilities who are qualified to perform essential functions of a particular job.
9. Gatesway does not pay referral bonuses for rehires.



**CNA/CMA
APPLICATION FOR EMPLOYMENT**

APPLICANT'S NAME _____

Route to:	FOR OFFICE USE ONLY
ALL APPLICATIONS ARE TO BE RETURNED TO THE HUMAN RESOURCES DEPT.	

Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

All employees of the Gateway Foundation are required to possess a valid Oklahoma Driver's License and have a good driving record (do not put state ID). Please complete:

DL Number: _____ Expiration Date: _____ State: _____

Any restrictions on your driver's license? _____

Please list all offenses to which you paid a fine or plead guilty in the past three (3) years (do not include parking tickets): _____

(See notification of Motor Vehicle Record check on page 4 of this application)

Why do you wish to be employed by Gateway: _____

Have you ever been employed by Gateway? YES NO

If yes, when? _____

Date available to work? _____ Desired salary? _____

Gateway Foundation's primary purpose is to assist people with developmental disabilities to reach their highest potential in every aspect of their lives. Some of the training and job requirements do require each employee to be able to bend at the waist, kneel, stoop and lift up to 50 pounds. Do you have any physical limitations that would **PREVENT** you from:

Kneeling: YES NO Bending? YES NO
Stooping? YES NO Lifting 50 lb? YES NO

(THE ABOVE SECTION MUST BE COMPLTE FOR YOUR APPLICATION TO BE PROCESSED)

How did you learn about us: ___ Newspaper Ad ___ Friend ___ Walk-In ___ Relative
___ Employment Agency ___ Job Guide ___ Other

___ Employee (Please list employee(s) who referred you) _____

Please list the names of all relatives currently employed by Gateway: _____

Are you presently employed? YES NO

If yes, may we contact your present employer? YES NO

Have you ever been discharged or requested to resign from a job? YES NO

If yes, please explain: _____

Uniform Employment Application for Nurse Aide Staff ODH Form # 805 – Instructions for Use

This form is to be used as the only application for the employment of nurse aide staff in nursing and specialized nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies as mandated by House Bill 2019. This content of this form shall not be altered.

Use:

Instructions:

- **This form is to be provided to all applicants seeking employment as a nurse aide. The form may be duplicated as needed.**
- **The employer should instruct the applicant to complete the form with all information requested.**

Purpose:

- **The applicant's signature and date must be obtained on pages 4 and 5.**
- **The employer must submit a copy of page five (5) of the application to OSDH within 30 days of the employment of the applicant as a nurse aide. The original of this page should be retained with the application and filed according to the employer's procedure. Failure to complete this page will require that the page be returned to the employer for completion. Note: the applicant's signature and date of signature must be obtained on this page prior to submission of the form on OSDH.**
- **Specific instructions for completing page five (5) follows:**
 - Personal Information: Instruct the applicant to complete the information requested in this section.**

Previous CNA Training: Instruct the applicant to complete this section if the applicant will require training at this place of employment.

Category: Applicant must list any type of CNA training received in the past by type of training: Long Term Care (LTC), Home Health Aide (HH), Adult Day Care (ADC), Residential Care Aide (RCA) and Developmental Disability Aide (DDA).

Employer Name: The applicant should list the employer name where and training was received.

Training Days: The applicant should list the number of days they were in training for each employer.

Criminal Arrest Checklist: The employer should instruct the applicant to read this section and provide signature and date in the designated spaces.

Uniform Employment Application for Nurse Aide Staff
ODH Form #805 – Instruction for Use

Employer/applicant Information: The employer must complete this section with the requested information.

Employment Start Date: Enter the date the applicant is hired and will begin work as a nurse aide.

The applicant is: Check the appropriate box – a Certified Nurse Aide in the State of Oklahoma, Personal Care Assistant in a Medicaid-certified home health agency or Enrolled in a training program and fill in the Training Start Date.

Employer Name: Enter the employer's name.

Employer Type: Enter the type of facility/agency e.g., nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies.

Employer Address: Enter the employer's address.

Employer Phone Number: Enter the employer's phone number.

A copy of page five (5) must be submitted to OSDH for all applicants hired by the employer within 30 days of employment date of the applicant. The form should be mailed to the address listed below.

Oklahoma State Department of Health
Nurse Aide Registry
1000 N.E. 10th Street
Oklahoma City, OK 73117-1299

Information regarding ADA requirements:

The employer will note that there is no information requested on the Uniform Application for the Hiring of Nurse Aide Staff regarding the Americans with Disabilities (ADA) accommodation. However, it should be noted that any qualified applicant with a disability may request reasonable accommodation to complete the application/interview process. The specific nature of the accommodation requests and the reason for the request must be indicated at the time the application is requested or when a written request is submitted. This notice should occur with the job announcement. All other ADA requirements related to the hiring process must be met according to the employer's procedure and in compliance with the ADA.

Uniform Employment Application for Nurse Aide Staff

This application form is required by Title 63 O.S. Section 1-1950.4 of state law and by the Oklahoma State Board of Health Rules OAC 310-2-15-3. This uniform application shall be used as the only application for employment of new nurse aides in nursing and specialized nursing facilities, residential care homes, assisted living centers, continuum of care facilities, hospice programs, adult day care centers and home care agencies on and after January 1, 2001.

This employer does not discriminate in its hiring decisions or in any other employment decision on the basis of race, color, sex, religion, citizenship, national origin, veteran status, age or upon a physical or mental disability which is unrelated to the applicant's/employee's ability to perform the essential functions of the position.

Date of Application _____ Date Available to Start Work _____

Personal Information

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

List any other name(s) you have worked under: _____

Present Address: _____
(Street) (City) (State) (Zip)

Permanent Address (if different than present address): _____
(Street) (City) (State) (Zip)

Phone Number: _____ Emergency Contact Person: _____
(Name) (Number)

Employment Desired

Position Applied For: _____ Salary Required: _____

Hours available for work: _____ Days _____ Evenings _____ Nights _____ Weekends

Will you accept employment of: _____ Full time? _____ Part Time? _____ Occasional Part Time?

US Military Record

Branch: _____ Date Entered: _____ Date and Type of Discharge: _____

Prior Work History

Employer's Name: _____ Phone Number: _____

Address: _____ Position Held: _____

Dates Employed: From _____ To _____ Ending Salary _____

Reason for Leaving: _____

Employer's Name/Address _____ Phone : _____

Position Held: _____ Supervisor: _____

Dates Employed: From (month/year) _____ To (month/year) _____ Salary: _____

Reason for Leaving: _____

Prior Work History (Continued)

Employer's Name/Address _____ Phone : _____
Position Held: _____ Supervisor: _____
Dates Employed: From (month/year) _____ To (month/year) _____ Salary: _____
Reason for Leaving: _____

Employer's Name/Address _____ Phone : _____
Position Held: _____ Supervisor: _____
Dates Employed: From (month/year) _____ To (month/year) _____ Salary: _____
Reason for Leaving: _____

List name(s) of all other employers for the last five years:

May we contact your present employer? Yes No Not Applicable

Have you ever been terminated or asked to resign from any position? Yes No

Educational Background (List all educational schools attended with degrees, diplomas or certificates received)

Name of Institution (High School, Technical School, College)	Type of Studies	Dates Attended & Diplomas, etc.

If your school or employment records are under another name(s) indicate that name(s): _____

Certification

If you hold a current certification as a nurse aide (CNA), check the appropriate certification(s) below:

Long Term (LTC) Home Health Aide (HHA) Adult Day Care (ADC)
 Residential Care Aid (RCA) Developmental Disability Aide (DDA) Certified Medication Aide (CMA)

List all technical special skills or education honors, certificates, licenses, memberships or Medication Administration Technician (MAT) certification not previously listed: _____

If you are a CMA, have you obtained your 8 hours of continuing education for this calendar year? ___ Yes ___ No
References (List name, address and telephone number of three references who are not relatives or former employers.)

Background Information

If you answer **YES** to any of the questions below, explain in the space after the question. The explanation for a **YES** answer should include, but not be limited to:

1. State and/or jurisdiction
2. Nature of complaint
3. Disposition of complaint; e.g., “dismissed insufficient evidence”
4. Date of disposition
5. Copies of any correspondence received by applicant with regard to the complaint

1. _____ Yes _____ No Have you ever been arrested, charged with, entered a plea of guilty, no contest, convicted of or been sentenced of any criminal offense in any state or US jurisdiction?

2. _____ Yes _____ No Have you ever been found to have violated any state, US jurisdiction or federal law regulating the practice of a health care professional?

3. _____ Yes _____ No Are any disciplinary actions pending against your CNA certificate or health care professional license in any state or US jurisdiction?

4. _____ Yes _____ No Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state or US jurisdiction, federal or foreign authority or have you ever surrendered such credential or avoid or in connection with action by such authority?

Applicant’s Certification and Agreement

(PLEASE READ CAREFULLY – If you answer NO to any of the questions below, explain in the space after the question.)

1. _____ Yes _____ No I understand that the employer has the right to proceed with any criminal background check.

Applicant's Certification and Agreement (Continued)

(PLEASE READ CAREFULLY – If you answer NO to any of the questions below, explain in the space after the question.)

2. _____ Yes _____ No **I understand that as a part of the job selection process, I may be required to take a drug-screening test at the time of employment and if requested in accordance with the state and federal law at anytime during my employment. A test request that has been confirms as positive will eliminate me from employment. If I refuse to sign this form and submit to drug testing, the employer will reject my application.**

3. _____ Yes _____ No I understand that I may be required to have a physical examination and I hereby consent to take a physical examination and any future physical examinations as required by the employer.

4. _____ Yes _____ No I understand that if I am hired I will be required to produce proof that I have a legal right to work in the USA in accordance with the IRCA of 1986.

5. _____ Yes _____ No I understand that this form is not an employment contract.

Important Information for the Job Applicant: It is unlawful for any person to provide false information regarding a criminal conviction on this uniform employment application for nurse aides. Providing false information regarding a criminal conviction is a misdemeanor under Title 63 of the Oklahoma Statutes, Section 1-1950.4a. Providing false information about a criminal conviction on this application is punishable by a fine not to exceed Five Hundred Dollars (\$500.00), by imprisonment in the county jail for a term of not more than one (1) year, or by both such fine and imprisonment.

I certify that the information provided on this application is true and complete. I understand that false information or omission of facts may disqualify me from employment and may cause termination if discovered at a later date. In addition, I could be fined up to \$500 and or imprisonment up to one year.

Signature of Applicant

Date of Signature

Please Print Your Name Here

In submitting this application for employment, I authorize investigation of all statements, contained herein, and it is understood and agreed that any misrepresentation and/or omission of information by me in this application will be sufficient cause for cancellation of the application and/or separation from company employment if employed by Gatesway. Gatesway Foundation abides by Federal Regulations concerning the employment of minorities, females, veterans of the Vietnam era, disabled veterans and individuals with disabilities, and the selection and retention of employees by Gatesway will be governed by the regulations in effect on the date of this application.

I do hereby state that I have applied for employment with Gatesway Foundation and I hereby authorize Gatesway to perform an investigation as may be necessary into my personal background, employment history, and motor vehicle record. My signature below authorizes Gatesway to use my social security number to complete their background checks. I further authorize the companies, agencies, schools, or individuals named in this application to give any information regarding my employment, character, qualifications, etc, together with any information they may have regarding me whether or not it is in their records, I hereby release said companies, agencies, school's, or individuals from all liability for any damage from issuing this information. A photocopy of this release/authorization shall be valid as the original.

Signature of Applicant

Date

State Statute Section 63.1.1941 – 1.2003.1 requires that agencies providing nursing care or health related services offer only “temporary” employment to non-licensed new personnel until a criminal background check has been completed. This statute also provides that an agency or home shall inform each applicant for employment that the agency or home is required to obtain such information. To comply with this law, this agency will forward the relevant identifying information to the Oklahoma State Bureau of Investigation for review. Any person found to have been convicted or pled guilty to a felony or certain misdemeanors cannot be offered permanent employment by this agency.

I have been informed that Gatesway Foundation, Inc. will request the Oklahoma State bureau of Investigation to conduct a criminal background check on me.

I also understand that the state requires that Gatesway run a check to see if my name appears on the DDS Registry. Should my name appear on the registry, I understand that I cannot be offered permanent employment by this agency.

Signature of Applicant

Date

Print Full name of applicant including maiden name and married names **(please print)**

Date of Birth

(Required for OSBI – If you prefer, you may give only if a conditional offer of employment is made)

VOLUNTARY AFFIRMATIVE ACTION FORM

To be completed by applicants. This form will not be used for interview purposes and will be filed separately from the application for employment.

DATE _____

NAME _____

POSITION APPLIED FOR _____

The Gatesway foundation considers applicants for all positions without regard to sex, race, national origin, marital or veteran status, the presence of non-job-related medical condition or handicap or any other legally protected status.

As required, Gatesway complies with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this application survey. Your cooperation is appreciated. Please be advised that your survey is NOT a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE: **MALE** **FEMALE**

CHECK ONE: **HISPANIC** **BLACK** **WHITE**

**AMERICAN INDIAN/
ALASKAN NATIVE** **ASIAN/PACIFIC ISLANDER**

IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

VIETNAM ERA VETERAN **DISABLED VETERAN**

INDIVIDUAL WITH DISABILITY

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

EMPLOYMENT APPLICATION SUPPLEMENT

Name of applicant (Print)	Date
Name of provider agency Gatesway Foundation	

Part 1

As I apply for a job as a community services worker, I understand that:

- prior to permanently employing me, the community services provider is required by Oklahoma law to conduct:
- a criminal history records search with the Oklahoma State Bureau of Investigation (OSBI); and
- a check of the Community Services Registry.
- the community services provider is prohibited by Oklahoma Statute from hiring, contracting with, or using as a volunteer any person who has been convicted, pled guilty, or pled nolo contendere to a felony or to misdemeanor assault and battery, except under circumstances described in OAC 340:100-3-39.
- the community services provider is also forbidden to hire, contract with, or use as a volunteer, any person whose name appears on the Community Services Registry.
- my employment must be terminated if my name appears on the Community Services Registry, even though my name may not have been on the Registry at the time of my application or hiring.
- I must report all of my previous employers to the community services provider, using the back of this form, and attaching another page if necessary.

I understand that giving false information on Part 2 on the following page results in the termination of my employment. I have received a copy of this signed Form DDS-39 and form DDS-59, Rights and Responsibilities of Community Services Worker in an Investigation of Abuse, Neglect, or Exploitation.

Signature of Applicant

Date

The following page must be filled out with ALL former employers, regardless of field, or how long ago it was.

This is a state requirement. (see previous page)

Any employee of Gateway is considered a Community Services Provider.

Failure to fill out the following page will result in your application not being processed.

Failure to list ALL former employers can result in your termination.

GATESWAY FOUNDATION

Verification of Employment

I _____, (PRINT NAME) have made application for employment with the above listed employer. I hereby request and authorize you to furnish the above listed employer with any information concerning my employment record, character, habits and ability. I do hereby release the addressed entity and all individuals concerned from any claims, suits and liabilities for any damage whatsoever resulting from their actions and conduct in responding to this request and the giving of such information.

APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY

TO (NAME OF COMPANY)

FROM (NAME OF REQUESTOR)

ADDRESS

ADDRESS

1217 East College

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Broken Arrow, OK 74012

TELEPHONE NUMBER

TELEPHONE NUMBER

918.258.3900

FAX NUMBER

FAX NUMBER

918.259.1493

PREVIOUS EMPLOYER PLEASE FILL OUT AND RETURN TO GATESWAY

NAME WHILE EMPLOYED AT YOUR BUSINESS

SOCIAL SECURITY NUMBER

DATES

FROM

TO

THE APPLICANT'S QUALITY OF WORK WAS:

EXCELLENT

GOOD

FAIR

POOR

IS THE APPLICANT DEPENDABLE?

IS THE APPLICANT REHIREABLE?

YES

NO

YES

NO

WHAT WAS THE APPLICANT'S REASON FOR LEAVING?

Are you aware of any incident for which this individual has had any allegations of abuse, neglect, or exploitation that has been reported to Adult Protective Services or Office of Client Advocacy which are pending or confirmed? (Per DDSD policy OAC 240:100-3-39) Yes No

SIGNATURE

TITLE

DATE