



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 18 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, Proof of Vehicle Insurance, 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.



APPLICATION FOR EMPLOYMENT

**(IF YOU ARE APPLYING FOR CNA OR CMA POSITION, PLEASE
DOWNLOAD CNA/CMA APPLICATION)**

APPLICANT'S NAME: _____

POSITION(S) APPLYING FOR: _____

ROUTE TO:

For Office Use Only

All applications are to be returned to the Human Resources Department

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

THE GATESWAY FOUNDATION is an Equal Opportunity Employer

Please answer all questions completely. This application must be completed in ink and must be completed in full. Applications will not be processed without all of the information completed. If more space is needed, additional sheets may be attached. If employed, you may be required to submit verification of age in accordance with the minimum age law. The use of this form does not mean that there are any positions open and does not in any way obligate the company.

POSITION APPLYING FOR _____ DATE _____

FULL NAME: _____

LAST FIRST MIDDLE

ADDRESS: _____

STREET CITY STATE ZIP

PHONE NUMBER _____ SOCIAL SECURITY No. _____

EMERGENCY CONTACT _____

NAME PHONE

- I understand that the majority of employees at Gatesway Foundation work on a shift basis. I am willing to work any shift to which I am assigned: YES NO
- Are you a citizen of the United States or do you have a valid work permit? YES NO
- Has there ever been a complaint against you of abuse, neglect, or exploitation confirmed? YES NO
- Do you have reason to believe your name is on or will be on the Developmental Disability State Department Registry? YES NO
- Have you ever been convicted of a felony or misdemeanor? YES NO

(See notification of Criminal Arrest Check on page 4 of this application) if YES please explain:

All employees of the Gatesway 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)

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: _____

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

Employment Application Page 2

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)

EDUCATION AND TRAINING

High School Attended _____ Graduate or GED? YES NO
Name, City, State

College or Universities Attended _____ Degree(s) earned:

Other schools: Trade, Technical _____

Direct Contact Training: _____

(Please list all Direct Contact Classes completed)

Please List the names of three people that you have known within the last 10 years. Do not list relatives.

NAME CITY, STATE PHONE # OCCUPATION YEARS KNOWN

MISCELLANEOUS

Have you acquired any job-related special skills while in service with the US Military? _____

If yes, please describe: _____

Summarize special job related skills and qualifications acquired from employment or other experiences: _____

State any additional information that you believe may be helpful to us in considering your application: _____

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) _____

EMPLOYMENT EXPERIENCE

Please give accurate full-time and part-time employment records. **Start with your present or last job.** You must cover at least the last five (5) years. Ask for an additional page if necessary. **Please account for any gaps in employment.**

1. Company Name _____ Phone _____
Address _____ Employment dates: From _____
Name of Supervisor _____ To: _____
Job title and Work Performed _____
Hourly rate/Salary: Starting _____ Final _____
Reason for Leaving _____

2. Company Name _____ Phone _____
Address _____ Employment dates: From _____
Name of Supervisor _____ To: _____
Job title and Work Performed _____
Hourly rate/Salary: Starting _____ Final _____
Reason for Leaving _____

3. Company Name _____ Phone _____
Address _____ Employment dates: From _____
Name of Supervisor _____ To: _____
Job title and Work Performed _____
Hourly rate/Salary: Starting _____ Final _____
Reason for Leaving _____

4. Company Name _____ Phone _____
Address _____ Employment dates: From _____
Name of Supervisor _____ To: _____
Job title and Work Performed _____
Hourly rate/Salary: Starting _____ Final _____
Reason for Leaving _____

We will contact the employers you listed above, unless you indicate those that you do not want us to contact:

DO NOT CONTACT _____ REASON _____

Employment Application Page 4

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 INFORMATION

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 Gateway 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, Gateway 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 listing ALL former employers that has provided services to vulnerable adults or children.

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



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
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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: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
IS THE APPLICANT DEPENDABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THE APPLICANT REHIREABLE? <input type="checkbox"/> YES <input type="checkbox"/> 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 DDS policy OAC 240:100-3-39) <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE	TITLE _____ DATE _____