



EMPLOYEE APPLICATION
Gateway to Learning & Gateway to MDO

 Name (First) (Middle) (Last)

 Home Street Address City State Zip Code

 Birthdate Telephone # Email Address

Education:

I have a High School Diploma or the equivalent. ___ Yes ___ No

Name of High School _____ Address _____

College _____ Address _____

Other _____

Will you need Gateway Childcare while attending work if hired? ___ Yes ___ No Age of Child ___

LIST YOUR LAST 3 EMPLOYERS BEGINNING WITH YOUR MOST CURRENT EMPLOYER. IF YOU HAVE NOT BEEN EMPLOYED WITHIN THE LAST 5 YEARS, LIST HOW YOU HAVE SPENT YOUR TIME.

Month / Year	Name, Phone, & Address of Employer	Position & Duties	Reason for Leaving
From: - To:			
From: - To:			
From: - To:			

May we contact your previous employers? ___ Yes ___ No

References: 1 Personal and 1 Work

Name: _____ Phone #: _____ Work ___ Personal ___

Name: _____ Phone #: _____ Work ___ Personal ___

Have you been convicted of a felony? ___ YES ___ NO ___

Have you ever been shown by credible evidence, e.g., a court order or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? ___ YES ___ NO

If yes, explain: _____

Can you perform the essential function of the position for which you are applying? ___ YES ___ NO

If no, please explain: _____

Are you able to lift 45 pounds? ___ YES ___ NO Do you have any physical restrictions? ___ YES ___ NO

Do you have a valid driver's license? ___ YES ___ NO Do you have reliable transportation? ___ YES ___ NO

Have you had CPR and first aid training within the past two years? ___ YES ___ NO

If yes, give expiration date: _____

Have you completed any child care training courses? ___ YES ___ NO

If yes, please list: _____

Our state licensing department requires annual child care training, are you will to participate? ___ YES ___ NO

Will You consent to a FBI background check and fingerprinting? ___ YES ___ NO _



I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment.

Signature: _____ Date: _____

Employer Use Only!

Date Interviewed:	Full Time / Part Time:	Hours:
Date Hired:	Orientation Date:	Start Date:
Desired Wages:	Miscellaneous:	