



Gateway Community Industries, Inc.
 1 Amy Kay Parkway
 Kingston, NY 12401
 Ph. (845) 331-1261
 Fax (845) 331-2112

APPLICATION FOR EMPLOYMENT

Applications for positions at Gateway are considered without regard to race, color, religion, sex, national origin, citizenship, age, marital status, sexual orientation, genetic information or military or veteran status, the presence of a medical condition, including HIV status, or disability, or any other legally protected status. Gateway is an Equal Employment Opportunity and Affirmative Action Employer. If you need assistance completing this form, please inform Human Resources 845-331-1261.

(Please Print)

Position(s) Applied for: _____ Date: _____

Name: _____
 (First) (Middle) (Last)

Address _____
 (Street) (County)

 (City) (State) (Zip)

Phone No. _____ Alternate Phone No. _____

Email Address: _____

Are you legally eligible for employment in the U.S.A.? Yes or No (If yes, verification may be required)
(circle one)

Are you able to perform the essential functions of the position with or without reasonable accommodation for which you are applying? Yes _____ No _____

If under age 18, do you have a work permit? Yes _____ No _____

Have you ever been employed here before? Yes _____ No _____ Dates: _____

EDUCATION - (Upon offer, proof of education MUST be provided and will be verified)						
	Yrs Successfully Completed	Was a HS Diploma or HS Equivalency Awarded?	College	Was Degree Awarded?	Graduate	Was Degree Awarded?
	8 9 10 11 12 <small>(circle one)</small>	YES or NO <small>(circle one)</small>	1 2 3 4 <small>(circle one)</small>	YES or NO <small>(circle one)</small>	1 2 3 4 <small>(circle one)</small>	YES or NO <small>(circle one)</small>
School Name						
School Address						
Major/Concentration						

Provide your daily schedule of availability in the space below

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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/internships 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: _____

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: _____

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: _____

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: _____

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: _____

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: _____

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, PLEASE PROVIDE:

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

PLEASE READ AND SIGN BELOW

I give Gateway Community Industries, Inc. (GCI) permission to contact all or any of my 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 include a drug test and authorize the examining physician to disclose any findings to GCI. I understand that any offer of employment is contingent upon satisfactory completion of 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 Agency guidelines and Federal/State Law. 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 as part of the criminal background check process and authorize the processing agency to disclose the findings to GCI. I understand I must receive satisfactory results of the background process as a condition of employment.

I understand I may need to use my personal vehicle for company business and/or to transport clients. 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 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 passenger endorsement. 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 to a pre-employment drug test and must receive negative results as a condition of employment/transfer. I further understand that I may be required to submit to a pre-assignment drug test and must receive negative result in order to work on certain government contracts.

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 grounds for immediate disqualification or dismissal from employment. If employed I will become familiar with GCI rules and regulations (policies & procedures), which I understand are subject to change by the GCI.

Print Name (required)

Signature (required)

Date

Summarize work skills, qualifications, certifications, licenses and special training acquired from employment or other experiences such as volunteer work (please omit any references to groups which indicate race, color, religion, creed, sex, sexual orientation, national origin, ancestry, ethnicity, age, disability, citizenship, marital status, military or veteran status or any other characteristic protected by law).

REFERRAL SOURCE

____ Indeed.com / ____ Hudson Valley Help Wanted / ____ Gateway's Web Site / ____ Walk-in / ____ DOL

College _____
Name of Institution

Gateway Program _____
Name of Program

Advertisement _____
Name of Source

Job Fair _____
Name/Location of Job Fair

Employee Referral _____
Name / Relationship to Applicant

Other _____
Name / Relationship to Applicant

Are you related to anyone working at Gateway? _____ If so, who? _____
Name / Relationship to Applicant

Must provide at least (3) three professional references of supervisory or above level (or the HR division) including most recent employer and (2) two personal references other than relatives. Professional References should match the companies named on page (2) two.

Professional References

Personal References

1. Company Name _____
Contact Name/Title _____
Contact Phone # _____
Relationship _____
2. Company Name _____
Contact Name/Title _____
Contact Phone # _____
Relationship _____
3. Company Name _____
Contact Name/Title _____
Contact Phone # _____
Relationship _____
4. Company Name _____
Contact Name/Title _____
Contact Phone # _____
Relationship _____
5. Company Name _____
Contact Name/Title _____
Contact Phone # _____
Relationship _____

1. Individual's Name _____
Relationship _____
Phone # _____
2. Individual's Name _____
Relationship _____
Phone # _____
3. Individual's Name _____
Relationship _____
Phone # _____
4. Individual's Name _____
Relationship _____
Phone # _____
5. Individual's Name _____
Relationship _____
Phone # _____



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,

Kenneth B. Tear
VP of HR

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 Separation: _____

Last Position Held: _____

Full Time / Part Time / Per Diem / Intern / Seasonal (Circle One)

How many hours worked weekly? _____

Reason for Leaving: _____

Would you re-employ? _____ Why/Why Not? _____

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

Describe Job Duties: _____

Signature

Date

Title

Company Name

This Page Left Intentionally Blank

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



VETERAN STATUS Applicant Self Identifier

Gateway Community Industries, Inc. is a government contractor subject to the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires government contractors to take affirmative action to employ and advance employment:

- (1) Disabled Veterans**
- (2) Recently Separated Veterans**
- (3) Active Duty Wartime or Campaign Badge Veterans**
- (4) Armed Forces Service Medal Veterans**

These classifications are defined as follows:

- *A disabled veteran* is one of the following:
 - A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the secretary of Veterans Affairs.
 - A person who was discharged or released from active duty because of a service-connected disability.
- *A recently separated veteran* is any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- *An active duty wartime or campaign badge veteran* is a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the U.S. Department of Defense.
- *An Armed Forces service medal veteran* is a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service, toll-free, at **1-800-USA-DOL**.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veterans listed above
- I am not a protected veteran
- I decline to disclose my veteran status

Applicant's Name (print)

Date

Gateway Community Industries is an Equal Opportunity & Affirmative Action Employer



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 Name (print)

Position Applied For

Date

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

_____ Male

_____ Hispanic/Latino

_____ Black/African American (not Hispanic or Latino)

_____ Female

_____ White (not Hispanic or Latino)

_____ American Indian or Alaskan Native (not Hispanic or Latino)

_____ Asian (not Hispanic or Latino)

_____ Native Hawaiian or other Pacific Islander (not Hispanic or Latino)

_____ Two or More Races (not Hispanic or Latino)

_____ I have chosen to **DECLINE** self identifying my gender and/or ethnicity

Race/Ethnic Definitions:

- *Hispanic/Latino*: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- *Black/African American (not Hispanic or Latino)*: A person having origins in any of the black racial groups of Africa.
- *White (not Hispanic or Latino)*: A person having origins in any of the original peoples of Europe, the Middle East, or North America.
- *American Indian/Alaskan Native (not Hispanic or Latino)*: A person having origins in any of the original peoples of North and South American (including Central America) and who maintain tribal affiliation or community attachment.
- *Asian (not Hispanic or Latino)*: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- *Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)*: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- *Two or more Races (not Hispanic or Latino)*: A person who identifies with two or more race categories named above.