

Gateway Community Services Organization, INC.
PO Box 367 West Liberty, KY 41472
Application for Employment
An Equal Opportunity Employer

GCSO is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on the basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons.

Name: _____ Date: _____

Contact Phone#: _____ Email: _____

Address: _____

Street
City
State
Zip

Do you possess a valid driver's license: Yes / No Do you possess a CDL: Yes / No

Are you willing to obtain a CDL and are you at least 21 years of age*: Yes / No

*If you are applying for a Head Start Advocate or Instructional Assistant position, a CDL is required. You must be at least 21 years of age in order to obtain a CDL.

Have you ever worked for this agency before: Yes / No If yes, give dates and position and reason for leaving _____

<i>Education</i>	<i>Name & Location of School</i>	<i>Major</i>	<i>Diploma/Degree</i>
High School / GED			
College/University			
College/University			
Other			

Position Applying for: _____ Date Available: _____

County/Countries able to work in: Bath Bracken Fleming Lewis Mason Menifee
 Montgomery Morgan Robertson Rowan

Wage/Salary Required: _____ hour / year

Please list three (3) Personal References: (Do not include relatives or former employers)

- | Name | Contact Phone# |
|----------|----------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Please list all Employment History:

1)

Employer Name	Address	Telephone #
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Date Started	Starting Salary	Position	Name and Title of Supervisor
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Date Left	Ending Salary	Position	Name and Title of Supervisor
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Description of Duties	Reason for Leaving
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2)

Employer Name	Address	Telephone #
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Date Started	Starting Salary	Position	Name and Title of Supervisor
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Date Left	Ending Salary	Position	Name and Title of Supervisor
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Description of Duties	Reason for Leaving
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3)

Employer Name	Address	Telephone #
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Date Started	Starting Salary	Position	Name and Title of Supervisor
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Date Left	Ending Salary	Position	Name and Title of Supervisor
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Description of Duties	Reason for Leaving
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In addition to employment history, what other skills/experiences would apply to the position?

I hereby authorize the GCSO to contact, obtain, and verify the accuracy of the information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability GCSO and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either GCSO or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I also understand that I may be subject to pre-employment drug testing and a criminal background check. If I am employed, I understand that I may also be subject to periodic random drug testing.

I certify and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions. I also certify that the facts set forth in the Application for Employment are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____