



# Gateway Association, Inc.

PO Box 1182, Anderson, IN 46015

Phone: 765-649-1900

Fax: 765-649-4992

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Nickname

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Date Available: \_\_\_\_\_ 18 years of age or older: YES  NO  Available: Full Time  Part Time   
 Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO   
 Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_  
 Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_  
 Travel may be required for this position. Do you have reliable transportation? YES  NO

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference?    YES     NO

Company: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 May we contact your previous supervisor for a reference?    YES     NO

**Other Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experiences.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Foreign Languages**

Fluent                      Good                      Fair

Speak: \_\_\_\_\_  
 Read: \_\_\_\_\_  
 Write: \_\_\_\_\_

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**How did you learn about us?**

Advertisement  Friend  Walk-In  Employment Agency  Relative  Other \_\_\_\_\_

**Disclaimer and Signature**

*I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.*

*This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the employer may discharge Employee at any time with or without cause.*

*If this application leads to employment/contract with Gateway Association, Inc., I understand that false or misleading information in my application or interview may result in termination of the employment/contract. I also understand that failure to pass required screenings and background checks will result in termination of employment/contract. I understand, also, that I am required to abide by all rules and regulations of the employer.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Gateway Association, Inc.  
P.O. Box 1182  
1215 Jackson Street  
Anderson, IN 46015-1182  
Phone: (765) 649-1900  
Respite: (765) 644-9233  
Fax: (765) 649-4992

### Consent for Criminal History Check

I, \_\_\_\_\_, authorize and give my permission for Gateway Association, Inc. to submit my name and other necessary information to the City of Anderson Police Department and the state of Indiana for necessary record checks in order to be considered for employment and/or contract work with Gateway Association, Inc.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



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### Request for Information Reference Check

Date: \_\_\_\_\_

Position for which applicant is applying: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ has applied to work as an employee and/or contract provider with Gateway Association, Inc. You have been given as a reference and I would appreciate your cooperation in completing the attached form.

The position for which the applicant is applying will require a pleasant personality and the ability to work well with all types of people. He/she must be able to work without constant supervision once they learn their responsibilities.

Please complete and return the included form to Gateway Association, Inc.

**Email:** [gateassocincdirector@gmail.com](mailto:gateassocincdirector@gmail.com)

**Mail:** P.O. Box 1182, Anderson, IN 46015

We cannot accept this individual's application until all references have been returned. All responses will be kept confidential. Thank you in advance for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Sara Krumme".

Sara Krumme  
Executive Director

I hereby give my permission for this agency to seek information about me in order to be considered for possible employment and/or contract work.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_

How many years have you known the applicant? \_\_\_\_\_

How do you know the applicant (employer, supervisor, colleague, friend)? \_\_\_\_\_

	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Fair</b>
Appearance? (Dresses appropriately, is neat and clean)				
Punctual? (Routinely on time, calls if they will be late or unable to come)				
Ability to get along with others?				
Personality?				
Temperament/attitude?				
Leadership skills?				
Follows instruction?				
Initiative?				
Quality of work?				
Ability to accept criticism?				
Social maturity?				

Do you feel the applicant is trustworthy? Yes No If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Given the opportunity, would you consider hiring this applicant? Yes No

If you have any additional comments and/or concerns please let us know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name

**THANK YOU FOR YOUR PROMPT RESPONSE**