



Gateway Rehabilitation Center

311 Rouser Road • Moon Township, PA 15108

APPLICATION FOR EMPLOYMENT

Gateway Rehabilitation Center is an Equal Opportunity Employer.
We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For		Date of Application	
How Did You Learn About Gateway Rehab?			
<input type="checkbox"/> Classified Ad _____ Name of Publication	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Website _____ Name	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Phone Number	Cell Phone		
Email Address			

Best time to contact you is _____ A.M.
P.M.

May we contact you at work? NO YES Work Number _____

If you are under 18 years of age, can you provide required proof of eligibility to work? YES NO

Have you ever filed an application with us before? YES NO
If Yes, give date _____

Have you ever been employed with us before? YES NO
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you legally eligible for employment in the United States? YES NO
Proof of eligibility will be required upon employment.

Date available for work: _____ What is your desired salary range? _____

For what type of work are you available? Full Time Part Time Casual/PRN

Can you travel if the job requires it? YES NO

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or any other protected status.

1. Employer _____ Phone Number _____
Address _____
Job Title _____ Supervisor _____
Dates Employed From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____
_____ May We Contact for Reference? YES NO
Reason for Leaving _____

2. Employer _____ Phone Number _____
Address _____
Job Title _____ Supervisor _____
Dates Employed From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____
_____ May We Contact for Reference? YES NO
Reason for Leaving _____

3. Employer _____ Phone Number _____
Address _____
Job Title _____ Supervisor _____
Dates Employed From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____
_____ May We Contact for Reference? YES NO
Reason for Leaving _____

4. Employer _____ Phone Number _____
Address _____
Job Title _____ Supervisor _____
Dates Employed From _____ To _____ Hourly Rate/Salary: Starting _____ Final _____
Work Performed _____
_____ May We Contact for Reference? YES NO
Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

EDUCATION

High School	School Name and Address	Major/Minor	Years Completed	Diploma Degree Conferred
Undergraduate College				
Graduate School				
Other (specify)				

Describe any specialized training, apprenticeship, skills, etc., and job related extra-curricular activities.

List any job related licenses and/or certifications you hold.

Summarize special job-related skills, training, and qualifications acquired from U.S. military, employment or other experience.

Specialized Skills: (Check Skills/Equipment Operated)

- Excel
 Word
 Other Software Products _____
 Powerpoint
 Database Software _____
 Other (list) _____

State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS:

DO NOT ANSWER QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

PROFESSIONAL REFERENCES (business or work related)

1. Name _____ Phone Number _____

Address _____

2. Name _____ Phone Number _____

Address _____

3. Name _____ Phone Number _____

Address _____

4. Name _____ Phone Number _____

Address _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that any employment relationship with Gateway Rehabilitation Center (hereinafter referred to as Gateway Rehab) is of an "at will" nature, which means that the employee may resign at any time and Gateway Rehab may discharge an employee at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by an authorized employee of Gateway Rehab.

In the event of employment, I understand that false or misleading information/statements given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all policies and procedures of Gateway Rehab.

This application for employment shall be considered active for a period of time not to exceed 90 days.

By signing this application, I agree to these statements.

Signature of Applicant _____ Date _____

RELEASE AUTHORIZING BACKGROUND CHECK OF APPLICANT'S CREDENTIALS

In consideration of Gateway Rehabilitation Center's (hereinafter referred to as Gateway Rehab) evaluation of my suitability for employment, I hereby authorize Gateway Rehab to perform all background checks of my credentials as allowed by law, including but not limited to, reference checks, Department of Motor Vehicle driving record checks, clearance checks with the Pennsylvania State Department of Corrections, Pennsylvania Criminal History Record Checks, and such other checks as Gateway Rehab deems appropriate.

I agree not to assert any claims or causes of action of any kind against Gateway Rehab, its agents, its employees, or any individual contacted by Gateway Rehab, arising out of Gateway Rehab's investigation. I further release and forever discharge Gateway Rehab, its agents, its employees, and the individuals and companies contacted by Gateway Rehab as a part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from Gateway Rehab's investigation of my credentials. I understand and agree that information discovered during this investigation may subject me to disqualification from employment or dismissal, and hereby release Gateway Rehab from all liability of responsibility.

I acknowledge that Gateway Rehab has made no representation of any kind as to whether employment will be offered at the conclusion of its investigation.

Signature of Applicant _____ Date _____