# EMPLOYMENT APPLICATION

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or other legally protected status.

(All sections must be completed. Please print clearly in ink).

## PERSONAL DATA

| | |
|---|---|
| Name (Last, First, Middle) | Home Telephone No. |
| | Cell Phone No. |
| Street Address | Email Address |
| City, State, Zip Code | Have you ever worked for Area Agency of Greater Nashua, Inc. before? ☐Yes ☐No |
| Desired Position & Salary Range | Are you Interested in ☐full time ☐part time ☐seasonal |
| How did you hear about this position? | Who referred you? |

## EMPLOYMENT HISTORY (Please list most recent employer first)

| | | | |
|---|---|---|---|
| **1.** From (mo./yr.) | Thru (mo./yr.) | Company Name | Supervisor |
| Address | | | Telephone No. (include area code) |
| Department/Position/Duties | | | |
| Final Wage | Reason for Leaving | | May We Contact This Employer? ☐ Yes ☐ No |
| **2.** From (mo./yr.) | Thru (mo/yr.) | Company Name | Supervisor |
| Address | | | Telephone No. (include area code) |
| Department/Position/Duties | | | |
| Final Wage | Reason for Leaving | | May We Contact This Employer? ☐ Yes ☐ No |
| **3.** From (mo./yr.) | Thru (mo./yr.) | Company Name | Supervisor |
| Address | | | Telephone No. (include area code) |
| Department/Position/Duties | | | |
| Final Wage | Reason for Leaving | | May We Contact This Employer? ☐ Yes ☐ No |
| **4.** From (mo./yr.) | Thru (mo./yr.) | Company Name | Supervisor |
| Address | | | Telephone No. (include area code) |
| Department/Position/Duties | | | |
| Final Wage | Reason for Leaving | | May We Contact This Employer? ☐ Yes ☐ No |

| EDUCATION | | |
|---|---|---|
| Highest Grade Completed | School/College | City/State |
| Diploma/Degree | | Major Area of Study |
| Specialized Training Relevant to the Desired Position | | |

| PROFESSIONAL LICENSE(S), REGISTRATION(S) OR CERTIFICATION(S) | | | |
|---|---|---|---|
| | Number | ☐license ☐registration ☐certification | Issued By |
| Other Type of Credential, Please Specify | | | |

| OTHER INFORMATION | | |
|---|---|---|
| Do you have a current driver's license (If required for the job) | State of Issue | License No. |
| Have you ever been convicted of a criminal offense, other than a traffic violation, that has not been annulled by the court? ☐yes ☐no (Such a conviction may be relevant if job related, but does not necessarily bar you from employment).<br><br>If Yes, Please Explain: | | |

| PROFESSIONAL/BUSINESS REFERENCES (if not applicable, Personal References) | | | | |
|---|---|---|---|---|
| Name | Company | Title | Telephone No. | Relationship |
| Name | Company | Title | Telephone No. | Relationship |
| Name | Company | Title | Telephone No. | Relationship |

**READ CAREFULLY BEFORE SIGNING**

- I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.
- I authorize without reservation my former employers, other persons or organizations to verify the accuracy of all information provided by me in this application resume and/or job interview. I release all parties involved from any and all liability for any and all damage that may result from providing such information.
- I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Gateways Community Services that such employment is at will, for no specified duration and may be terminated by either Gateways Community Services or myself at any time, with or without cause or notice.
- I understand that if offered a position, I will be required to authorize a check of criminal conviction record, prior rights violations, motor vehicle records and submit proof of employment eligibility required by the Department of Homeland Security/ U.S. Citizenship and Immigration Services..
- If hired, I agree to be bound by all policies, rules and regulations of Gateways Community Services.
- I understand that this application is considered current for only for 30 day. If I wish to be considered for employment after this period I may be required to fill out and submit a new application.

By signing below; I ACKNOWLEGDE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature_____ Date_____ 5/08

**Gateways Community Services**
**APPLICANT EEO DATA RECORD**

Dear Applicant,

It is our policy that equal opportunity employment shall be afforded to all qualified persons and that there shall be no discrimination against any person in any aspect of employment because of race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.

The purpose for this EEO Data Record is to comply with government recordkeeping, reporting, and other legal requirements. This data is for statistical analysis with respect to the success of the Affirmative Action program. Periodic reports are made to the government on the following information. **The completion of the EEO Data Record is voluntary.**

If you choose to volunteer the requested information, please note that all EEO Data Records are kept in a confidential file and are not a part of your application for employment or personnel file. Inclusion or exclusion of any data will not affect any employment decision.

Sandy Pelletier, President & CEO
Gateways Community Services

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Name _____ Date_____

Position for which you are applying_____

**GENDER:** ☐Male ☐Female

**ETHNIC ORIGIN:** (check one of the following)

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

Check if any of the following are applicable:

_____Vietnam Era Veteran _____Disabled Veteran _____Disabled Individual

# Disclosure

As part of our hiring background and investigation, we may obtain company consumer reports or prepare investigative consumer reports. This investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also includes, but not be limited to, credit information reports, criminal history reports and driving records. Under the provision of the **Fair Credit Reporting Act** (15 USC at 1681-161u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

*Applicant's Copy*

GATEWAYS
COMMUNITY SERVICES

144 Canal Street, Nashua, NH 03064

*For office use:*

Dept: _____

Requested by: _____

# AUTHORIZATION TO RELEASE INFORMATION

I, _____ _____ _____
Last Name First Name Middle Name

_____ _____
Current Address City, State ZIP Dates Lived Here

Addresses for the **Past Seven (7) Years**: (include street, city, state, zip code) Dates of Residence:

_____ _____

_____ _____

_____ _____

_____ _____ _____
Date of Birth Other Names Used (including maiden name) Years Used

_____ _____ _____
Social Security Number Driver's License # State

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____do not_____ authorize you to contact *my current* employer for Employment and Reference Verifications
(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____ _____ _____
Printed Name Applicant Signature Date

**CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.**