



gateway
To Prevention & Recovery

Dear Applicant,

Thank you for your interest in Gateway to Prevention and Recovery. We are excited to meet with you, but before we can do so, we will need the following information filled out and returned. Please submit your resume with your application.

Ways to return application packet:

Email to hr@gatewaytoprevention.org (preferred)

Fax to 405-275-4412

Return in person to this location

Upon receiving your application and resume, we will be in contact via email, unless indicated otherwise on application.

If you have any questions or concern, please contact our HR director at hr@gatewaytoprevention.org.

Thank you,

Gateway to Prevention and Recovery HR

**GATEWAY TO PREVENTION AND RECOVERY
SHAWNEE, OKLAHOMA
APPLICATION FOR EMPLOYMENT**

Thank you for considering a position with Gateway. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. Please be certain to **complete this application in the most thorough and cautious manner possible** because we do a detailed background and employment screening that will disclose inaccurate, false, incomplete, and/or omitted information. This application will remain on file for 180 days from the date you fill it out, after which time you should submit a new application if you are interested in a position with Gateway.

Gateway is an equal opportunity employer. It is the policy of Gateway to consider all applications on merit without regard to race, color, religion, sex, pregnancy, age, national origin, disability, or veteran status. Gateway complies with the Americans with Disabilities Act (ADA).

All the following pages must be filled out completely for your application to be considered. *Please Print.*

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Home Telephone (____) _____ Cellular Telephone (____) _____ Business Telephone (____) _____

E-mail Address _____

Home Address _____

City _____ State _____ Zip Code _____

Are you at least 18 years old? Yes No

EMPLOYMENT INFORMATION

Position Desired _____

Please describe why you would like this position with Gateway: _____

Have you ever had any action taken against your clinical license? If yes, please explain: _____

Are you applying for full-time or part-time work? Full time Part time

What date could you start, if hired? _____ Salary Desired: _____

Have you ever applied to or worked for Gateway before? Yes No If yes, when? _____

Do you have any friends or relatives working for Gateway? Yes No

If yes, list name(s) and corresponding relationship: _____

Do you have any commitment to another entity or person that might affect your employment with our company? Yes No

If yes, please explain: _____

How were you referred to Gateway? Family Friend Internet, which site? _____ Other _____

EDUCATION, CREDENTIALS, AND SKILLS

High School: Name _____ City/State _____ Did You Graduate? Yes No

Vocational School: Name _____ City/State _____ Did You Graduate? Yes No

Degree or Diploma Attempted/Earned _____

College or University _____ City/State _____ Did You Graduate? Yes No

Major or Area of Concentration _____

Advanced Degree attempted, earned, or in process:

College or University _____ City/State _____ Did You Graduate? Yes No

Major or Area of Concentration _____

Behavioral health licenses or certifications you hold or are working on: _____

List computer programs with which you have a good user competency:

Gateway serves clients of all nationalities. Please list any foreign or tribal languages you speak, read, write, and/or understand reasonably well: _____

Describe any other experience, training, qualifications, and/or skills that make you especially suited to work at Gateway:

PROFESSIONAL REFERENCES

List below three persons who have knowledge of your professional performance abilities. These should be people you have worked for or who know your abilities from either business or academic settings. Do not list persons who are personally related to you.

(1)
Reference Name _____ Relationship _____ Years Known _____
Company/Institution Name _____ Telephone (____) _____

(2)
Reference Name _____ Relationship _____ Years Known _____
Company/Institution Name _____ Telephone (____) _____

(3)
Reference Name _____ Relationship _____ Years Known _____
Company/Institution Name _____ Telephone (____) _____

EMPLOYMENT HISTORY

Provide complete employment history for at least the past seven years.

(1) Current or most recent employment:

Company Name _____ Type of Business _____

City/State _____ Company Telephone (____) _____

Supervisor Name/Title _____

Dates of Employment: From _____ To _____ Job Title _____

Please describe both your position and responsibilities: _____

Please describe the exact reason you left (or if still employed, why you are considering leaving): _____

(2) Employment prior to the above:

Company Name _____ Type of Business _____

City/State _____ Company Telephone (____) _____

Supervisor Name/Title _____

Dates of Employment: From _____ To _____ Job Title _____

Please describe both your position and responsibilities: _____

Please describe the exact reason you left: _____

(3) Employment prior to (2) above:

Company Name _____ Type of Business _____

City/State _____ Company Telephone (____) _____

Supervisor Name/Title _____

Dates of Employment: From _____ To _____ Job Title _____

Please describe both your position and responsibilities: _____

Please describe the exact reason you left: _____

****Use the back of this sheet if more space is needed****

Have you ever been involuntarily discharged, terminated, or asked to resign from a job? Yes No

If yes, please explain: _____

May Gateway contact your previous employers? Yes No Exceptions: _____

CRIMINAL HISTORY

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for which the criminal record has been expunged or sealed by the court or misdemeanor convictions for which any probation has been completed and the case dismissed by the court.

Note: an answer of "yes" to the following questions does not automatically disqualify you from employment: the nature of the offense, date, and type of job for which you are applying will be considered.

Have you, under your name or another name, been convicted of (or pled guilty or no contest to) a felony or misdemeanor other than a traffic violation? Yes No

If yes, please fully explain when, where and the result of the case(s):

Are you currently under arrest or released on bond or your own recognizance pending trial for a criminal offense? Yes No

If yes, state the nature of the crime charged, and when and where the trial is pending:

Have you ever been convicted of driving under the influence (DUI)? Yes No

Do you use alcohol to the extent that it would impair your job performance? Yes No

Have you used illegal drugs in the last six months? Yes No

AUTHORIZATION

Please read the statements below very carefully, being sure to initial each paragraph.
Then, after initialing all the paragraphs, sign and print your name at the bottom and enter the date signed.

CONFIRMATION OF HONEST AND ACCURATE COMPLETION

By my signature and initials placed below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and the accompanying resume, if applicable) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment at Gateway and may be justification for my dismissal from employment if discovered later. I understand that any job offer is conditional, based on the satisfactory review of my qualifications including background or drug screening which may be required. Initials _____

NOTIFICATION AND COMPLIANCE

I agree to notify Gateway immediately if I am convicted of a crime while my application is pending or during my employment if hired. Initials _____

DRUG AND ALCOHOL SCREENING

Gateway is a Drug-Free Workplace, and has a zero tolerance policy for any substance use including medical marijuana. Due to Gateway’s federal funding, the use of medical marijuana is prohibited under the Drug Free Workplace Program. To ensure all staff abide by these policies, Gateway performs drug and alcohol screenings. I give permission for a pre-employment drug and alcohol screening, and, if Gateway makes a conditional job offer, I give permission for a complete physical and mental examination. I also consent to the release of all medical information as Gateway may deem necessary. Initials _____

OTHER EMPLOYMENT AND/OR ACTIVITIES

I understand that, if hired, Gateway may, as provided by Gateway policy, prohibit me from engaging in other employment or activities that create a conflict of interest with my work at Gateway. Initials _____

AUTHORIZATION TO OBTAIN INFORMATION

I voluntarily and knowingly authorize any present or past employer or supervisor, educational institution, administrator, law enforcement agency, state, local, or federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference, and/or any other persons to give records or information they may have concerning my criminal history, motor vehicle history, educational history, license history, employment history (including character, earnings, and reasons for termination), credit history, or any other information requested by Gateway as deemed pertinent to my employment. On the following page I have provided comments I want Gateway to have regarding any information that I think may be revealed when Gateway contacts these sources. Initials _____

RELEASE

I voluntarily waive all recourse, and release any company, individual, or organization from liability for complying with any request from Gateway or agents of Gateway (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release Gateway or any individual within Gateway regarding the use of any information received which may have bearing on my application for employment. Initials _____

AGREEMENT FOR AT-WILL EMPLOYMENT

I understand and agree that nothing contained in this application, or conveyed during any interview that Gateway may grant or during my employment if hired, is intended to create an employment contract between Gateway and me. In addition, I understand and agree that if Gateway employs me my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without pri or notice. I understand and agree that no promises or representations contrary to the foregoing are binding on Gateway unless made in writing and signed by me and by an authorized officer of Gateway. I promise that I have not relied on, and will not rely on, any oral or written statements to the contrary. I understand and agree that this is the entire agreement between Gateway and me regarding the term of my employment and replaces any other oral or written agreement or understanding. Initials _____

I accept all provisions above and certify that all of the information provided on this application is true and accurate.

Printed Name

Signature

Date

