

# Application for Employment with Gateway Building Systems, Inc.

Please Complete All Information Requested  
Incomplete Applications May Not be Considered

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Date Available for work: \_\_\_\_\_ If Student, When do you return? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Wage of your last job: \_\_\_\_\_ Rate of pay Expected: \_\_\_\_\_

Are you either a U.S. Citizen or permitted under your present Visa  
or Immigration Status to work in this country? \_\_\_\_\_ (Y / N)

Position Applying For? Concrete Building Millwright General Labor Other: \_\_\_\_\_

Are you at least 18 years of age? Yes No

Do you have transportation to Gateway Building Systems? Yes No

Do you currently have a valid driver's license? Yes No

Do you have a problem lifting heavy objects? Yes No

Do you have any physical problems that could affect your job performance?  
If yes, please explain \_\_\_\_\_ Yes No

Do you have any problems with heights? Yes No

Are you able to travel for work out of town? Yes No

Have you ever applied for Workers Compensation? Yes No

Have you ever been disciplined or fired by another company? Yes No

Have you ever been employed by our company? Yes No

Have you been convicted of a crime in the past 10 years?  
If yes, please explain \_\_\_\_\_ Yes No

Highest grade completed: 9 10 11 12 1 2 3 4 Military Service? Yes No

List any friends or relatives working for us at this time or in the past \_\_\_\_\_

How did you hear about our job opening? Newspaper Internet Radio Friend Job Service Other

## Employment History

List All Present & Past Employment, Beginning With Most Recent

Employer: \_\_\_\_\_ Address (City, State, Zip) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties / Responsibilities: \_\_\_\_\_

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Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
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Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Duties / Responsibilities: \_\_\_\_\_

### References

Give Name, Address, & Telephone Number of 3 Personal References that are NOT Related to you.

Name	Address (City, State, Zip)	Telephone Number	Relationship
1.			
2.			
3.			

I understand that this application is intended for use in evaluating my qualifications for employment. This is not an employment contract. Any information included is subject to verification by Gateway Building Systems, Inc. at any time before and after employment.

I authorize, during the application process or at any time, verification of my previous employment and / or work history, motor vehicle records, criminal history, and personal references.

I understand Gateway Building Systems, Inc. has a drug and alcohol testing policy. I do hereby consent to the drug and/or alcohol test and agree to fully cooperate.

I understand that any offer of employment is contingent upon my submitting necessary proof of identity and legal authorization to work in the United States.

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of information or facts may constitute ground for rejection of employment, or if hired, grounds for immediate termination.

*In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, material status, veteran status, non-job related disability, or any other protected group status. Gateway Building Systems, Inc. is an Equal Opportunity Employer.*

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

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

### **Emergency Contact Information**

Please List The Person We Should Contact In The Event Of An Emergency  
(The following information is for use during employment if hired)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_