



APPLICATION FOR EMPLOYMENT

Date

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Thank you for applying for employment with The Gathering Inn (TGI)! You've applied to work at a very special place. A place where employees believe strongly in our Mission, Vision and Values. A place that puts the needs of our homeless guests that we serve above all else. A place where our programs actually help our guests thrive in meaningful ways. A place where personal accountability is essential. A place where we take the time and effort to recognize and celebrate the contributions that our employees make to our organization. Our employees put the needs of our homeless guests first, enjoy being recognized for their achievements, accept feedback about their performance, and have a good sense of humor while also being extremely serious about providing outstanding, high quality work.

Thank you for your application & good luck!

***It is the policy of THE GATHERING INN to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, ancestry, marital status, disability as defined by law, sexual orientation, or any other basis protected by law.

PERSONAL DATA

Name	(First)	(Last)	(Middle)	(Email)	
Present Address	(Street)	(City & State)	(Zip)	(Home Phone)	(Mobile Phone)
Permanent Address (If different from present address)					
Are you over 18 years old?		If not, can you furnish a work permit?			
Yes No		Yes No			
If hired, would you have a means of reliable transportation to and from work?					
Yes No					
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?					
Yes No					
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?				If no, please describe the functions that you cannot perform:	
Yes No					
We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.					
In accordance with the Immigration Reform and Control Act of 1986, proof of employment eligibility and identification will be required on your first day of employment.					

EMPLOYMENT DESIRED

Position Desired					Have you ever been employed by us? If yes, give dates: Yes No				
Salary Requirements					Date available for employment				
How did you learn of this opening?					Have you ever interviewed with us?				
Hours available	From / To	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Are you available to work overtime, if necessary?									
Are you applying for regular full-time work? Yes No					Are you applying for regular part-time work? Yes No				
Some of our guests do not speak English. Do you speak, write or understand any foreign languages? Yes No					If yes, which language(s)?				

EDUCATION

						Did you attend school under a different name Yes No Name:	
High School						Grade Point Average	
Location			Graduate? Yes No				
College				No. of years attended		Major GPA	
Location						Overall GPA	
Major Emphasis			Degree Completed Yes No			Level/Type of Degree	
College				No. of years attended		Major GPA	
Location						Overall GPA	
Major Emphasis			Degree Completed Yes No			Level/Type of Degree	
College				No. of years attended		Major GPA	
Location						Overall GPA	
Major Emphasis			Degree Completed Yes No			Level/Type of Degree	
College				No. of years attended		Major GPA	
Location						Overall GPA	
Major Emphasis			Degree Completed Yes No			Level/Type of Degree	

EMPLOYMENT HISTORY

Please complete in detail starting with PRESENT employer, list ALL employment, explain any time not accounted for, attach resume for additional information.			
Any offer of employment will be contingent upon a satisfactory completion of a background & reference check		May we contact your current employer prior to making an offer? Yes No	
Company Name	Supervisor's Name and Phone No.	<div style="text-align: center;">Dates of Employment</div> <div style="display: flex; justify-content: space-between;"> From Mo./Yr. To Mo./Yr. </div>	
Address			
Your position, title and duties			
Reason for leaving			Did you work in this position under a different name? Yes No If yes, give name:
Company Name	Supervisor's Name and Phone No.	<div style="text-align: center;">Dates of Employment</div> <div style="display: flex; justify-content: space-between;"> From Mo./Yr. To Mo./Yr. </div>	
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Address			
Your position, title and duties			
Reason for leaving			Did you work in this position under a different name? Yes No If yes, give name:

References: List below three persons not related to you, who have knowledge of your work performance within the last three years.

<i>Name</i>	<i>Phone #</i>	<i>Physical Address</i>	<i>Occupation</i>
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APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that all the information provided on this application (and accompanying resume, if any) is true and complete. I agree that any falsified statements, omissions, or any other form of misrepresentation in the application process may disqualify me from further consideration and may result in termination if discovered at a later time (regardless of the time elapsed before discovery).

I authorize a thorough investigation of my references, past work record, education, credit history, criminal records, and other matters or activities in order to assess my suitability for employment. I agree to fully cooperate in such investigation, and release from all liability or responsibility all persons requesting, communicating, reviewing, or evaluating such information. I further authorize any physician or hospital to release any necessary information pertaining to any position that may be offered to me at this time, or at a later date.

I understand that, according to law, all individuals hired must, as a condition of employment, produce certain documentation to verify their identity and their legal authorization to work in the United States. As a consequence, I understand that any offer of employment would be contingent upon my ability to produce the documentation within the time required by law. I further understand that any offer of employment may be contingent upon my ability to successfully pass a job-related physical examination, which may include a drug screen.

I understand that nothing contained in the application process (including interviews) is intended to create an employment contract between the company and me. I also agree that employment at the company is at will. I understand and agree that my employment would be for no definite period or determinable period of time and may be terminated at any time, for any or no reason, with or without prior notice, by me or the company. I also understand and agree that no promises or representations contrary to the foregoing are binding on the company unless they are made in writing and that writing is signed by me and the company's designated official.

I have carefully read all the above and I voluntarily grant the above release. I also agree that if I am hired, I will be required to abide by all the rules and regulations of the company.

Applicant's Signature _____

Date _____