



# THE GATEHOUSE®

APPLICATION FOR EMPLOYMENT  
An Equal Opportunity Employer

Instructions

Date:

**Please read and answer all of the following questions. Except for your signature, PRINT your responses. No action can be taken on your application until all questions have been answered. None of the questions are intended to imply discrimination or illegal preferences based upon non-job related information.**

**It is our policy that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. We do not discriminate on the basis of race, color, religion, sex, national origin, age, veteran status, the presence of a non-job related medical condition or disability.**

**If applicable, information requested that is contained in a submitted resume may be noted as "see resume." Resumes of applicants are considered as part of this application.**

## PERSONAL INFORMATION

Name \_\_\_\_\_ Maiden (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ (include city, state and zip)

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Social Security No. \_\_\_\_\_

## TYPE OF EMPLOYMENT DESIRED

Position \_\_\_\_\_

Wage Desired \_\_\_\_\_

Work Status:

Full time  Part time If Part time, Number of hours \_\_\_\_\_  Temporary

If temporary, please explain: \_\_\_\_\_

Are you available to work:

Overtime:  Yes  No Weekends:  Yes  No (if job requires)

Date you could start work \_\_\_\_\_

What hours do you prefer to work:  Day  Night  Other \_\_\_\_\_

## EDUCATION AND TRAINING

School Level	Name and Location	No. of Years Completed	Diploma, Degree or Certificate	Major
High School or GED				
College/University				
Vocational/ Technical				
Other				

## SKILLS AND QUALIFICATIONS

What skills, special training, licenses and/or certificates do you have related to the job for which you are applying?

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Indicate your skills in the following areas. *(Include software titles for computer skills below in comments section.)*

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Phone           | <input type="checkbox"/> Spreadsheet  | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Data Entry      | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Presentation | <input type="checkbox"/> Accounting       |
| <input type="checkbox"/> E-mail          | <input type="checkbox"/> Payroll         | <input type="checkbox"/> Internet     | <input type="checkbox"/> Other(s)         |

Comments:

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List professional, business, or civic activities

*(Exclude organizations which reveal race, color, religion, sex, national origin, age, veteran status, disability or other protected status):*

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**EMPLOYMENT HISTORY** *(Most recent employer first; account for all periods of time, including Military service)*

Name of Employer:	Job Title:
Address:	Employment Dates: From: To:
City, State, Zip:	Wage: Starting: Ending:
Telephone:	Describe Duties:
Supervisor's Name:	
Reason for Leaving:	

Name of Employer:	Job Title:
Address:	Employment Dates: From: To:
City, State, Zip:	Wage: Starting: Ending:
Telephone:	Describe Duties:
Supervisor's Name:	
Reason for Leaving:	

Name of Employer:	Job Title:
Address:	Employment Dates: From: To:
City, State, Zip:	Wage: Starting: Ending:
Telephone:	Describe Duties:
Supervisor's Name:	
Reason for Leaving:	

May we contact your present employer?  Yes  No

May we contact all other employers?  Yes  No

If No, please explain:

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Have you ever been dismissed or been forced to resign from any position?  Yes  No

If Yes, please explain:

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Have you worked or attended school under another name?  Yes  No

If Yes, please explain:

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**REFERENCES** *(Please do NOT include relatives)*

Name	Address	Telephone Number

**GENERAL INFORMATION**

Have you ever applied for employment with The Gate House before?  Yes  No If Yes, when?

Have you been employed by The Gate House in the past?  Yes  No If Yes, when?

Reason for leaving: \_\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Proof of citizenship or Immigration status will be required upon employment.

Are you 18 years of age or older:  Yes  No

Have you ever been convicted of a Felony?  Yes  No

*(A Felony conviction will not necessarily be a barrier to employment at The Gate House. All factors, including the nature of the infraction, the date of the conviction, the rehabilitation and the job for which you are applying will be considered.)*

If Yes, provide details: \_\_\_\_\_

Have you ever had a professional license suspended, revoked, or surrendered?  Yes  No

Are you in the Medicare/Medicaid fraud database?  Yes  No



## **AUTHORIZATION AND RELEASE**

### **PLEASE READ CAREFULLY BEFORE SIGNING**

In consideration of employment by The Gate House, I agree to abide by the rules and regulations of the Company and which may be changed from time to time at the sole discretion of management. I declare each of the answers I have given in this employment application to be complete and true to the best of my knowledge. I understand that any false information or omissions may disqualify me from further consideration for employment and may result in my discharge from employment if discovered at a later date.

I understand that as a condition of employment I must be authorized to work in the United States and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

I authorize the investigation of all statements contained in this application and authorize any person, school, current employer (*unless otherwise noted*), past employers and other organizations named in this application to provide relevant information which may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this application or subsequent employment does not create an employment contract nor guarantee employment for any defined period of time. Further, I understand that my employment is "at will" and can be terminated by either me or the Company at any time for any reason or for no reason, except as provided in an alternative bona fide employment agreement.

**I have read, understand and by my signature agree to the above statements.**

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

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



## MVR REQUEST FORM/FCRA DISCLOSURE/AUTHORIZATION FORM

### Company (ies) Requesting Motor Vehicle Record

The Gate House  
649 East Main Street  
Lititz, PA 17543

and

H.G.I.D., Inc. t/a Horst Insurance  
320 Granite Run Drive, PO Box 3320  
Lancaster, PA 17604  
and its agents, officers and employees

### DRIVER INFORMATION

NAME	
LICENSE#	
STATE	
DATE OF BIRTH	

## **FAIR CREDIT REPORTING ACT: DISCLOSURE/AUTHORIZATION**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act (FCRA) (Title II, Subtitle D, Chapter I, Public Law 104-208) you are hereby informed that a consumer report about you may be ordered and used to determine insurance eligibility and for employment purposes. (Under the provisions of the Act, a driving record, credit report and insurance scoring report are all considered a consumer report when used for employment purposes.)

I, the undersigned, acknowledge receipt of the above disclosure and authorize the above named company(ies) to obtain a consumer report about me for its use related to determining insurance eligibility and for employment purposes. I, the undersigned, also acknowledge that H.G.I.D., Inc. t/a Horst Insurance is authorized to request a Motor Vehicle Record (MVR) report about me and that they are authorized to evaluate the MVR against a Driver Acceptability Matrix and release the results of the evaluation to the company(ies) referenced above that I am either already employed by or requesting employment of. I, the undersigned, agree to hold harmless H.G.I.D., Inc. t/a Horst Insurance, from any and all liability in connection with their acquisition, interpretation, use of or recommendation regarding the information contained in my Motor Vehicle Record (MVR).

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Signature

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Printed Name

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Date