

Gamm, Incorporated

Application for Employment

Personal Information

Position you are applying for: _____

List location(s) you are applying for: _____

Last Name: _____ Middle Initial: _____ First Name: _____

Address: _____
(street) (city) (state) (Zip)

Preferred Phone Number: () _____ - _____ ^{Cell} Home Alt. Phone Number: () _____ - _____ ^{Cell} Home

Email Address: _____

Do you a valid drivers' license? ___ Y ___ N

Do you have reliable transportation? ___ Y ___ N

Would you submit to a drug test at the expense of Gamm, Incorporated? ___ Y ___ N

If offered employment, when could you begin work? _____

Contact information for a person who will always know how to reach you:

Name: _____ Phone Number: () _____ - _____

Relationship: _____

Training and Experience

Do you have computer software or internet skills? ___ N ___ Y If yes, please describe:

Do you have any experience in economic or workforce development, social services, or case management? _____ N _____ Y If yes, please describe: _____

Employment History
(Beginning with most recent)

From: ____/____/____ To: ____/____/____ Employer: _____

Address: _____ Phone # _____

Job Title: _____

A Brief Explanation of Responsibilities: _____

From: ____/____/____ To: ____/____/____ Employer: _____

Address: _____ Phone # _____

Job Title: _____

A Brief Explanation of Responsibilities: _____

From: ___/___/___ To: ___/___/___ Employer: _____

Address: _____ Phone # _____

Job Title: _____

A Brief Explanation of Responsibilities: _____

From: ___/___/___ To: ___/___/___ Employer: _____

Address: _____ Phone # _____

Job Title: _____

A Brief Explanation of Responsibilities: _____

Education

(Beginning with most recent)

Institution: _____

Address: _____

Dates of Attendance - From: _____ To: _____

Diploma/Credit Hours/Certificate/Degree Earned including Major Area of Study:

Institution: _____

Address: _____

Dates of Attendance - From: _____ To: _____

Diploma/Credit Hours/Certificate/Degree Earned including Major Area of Study:

Institution: _____

Address: _____

Dates of Attendance - From: _____ To: _____

Diploma/Credit Hours/Certificate/Degree Earned including Major Area of Study:

References

Name: _____

Address : _____

Phone Number: (____) _____ - _____ or Phone Number: (____) _____ - _____

Type of Reference: _____ Personal _____ Employment _____ Other

Name: _____

Address : _____

Phone Number: (____) _____ - _____ or Phone Number: (____) _____ - _____

Type of Reference: _____ Personal _____ Employment _____ Other

Gamm, Incorporated

Gamm, Incorporated is an equal opportunity employer. It does not discriminate on the basis of race, color, national origin, sex, religion, ancestry, age, sexual orientation, marital status, disability, veteran status, citizenship status, or any other protected characteristic. Certain laws and regulations as a recipient of federal funding regarding equal employment opportunity require us to compile, maintain and report certain demographic information on employees and applicants for employment. In order to comply with these laws and regulations, we are requesting your cooperation in completing this voluntary EEO Self- Identification Form.

The information on this form is being requested and will be used solely for record keeping and reporting purposes. Submission of this form by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested. In the event that you do provide the information requested, the information in this form will be processed and maintained separately from your employment application forms and your personnel file. The information provided here will not affect your status in being considered for employment.

Date: _____

Name: _____

Position Applied For: _____

Please indicate the following:

Gender: Male Female

Ethnic Origin: Hispanic or Latino Not Hispanic or Latino

Race (Check all that apply):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Are you an individual with a disability? Yes No

I do not wish to provide some or all of this information