

# Applicant Qualifications

To be **considered** for employment at After Gateway you must have the following:

**Proof of Current Adult CPR** from an approved provider

**Proof of Current First Aid** from an approved provider

The only State approved providers are the American Heart Association, Red Cross, National Safety Council, American Safety and Health Institute and Emergency Medical Services

Ability to lift 50 pounds

At least a high school diploma or GED

Verifiable experience working with impaired adults

A complete application, which includes phone numbers for references

Meeting these criteria does not guarantee employment nor an interview, it only indicates you meet the pre-employment qualifications

If a conditional offer of employment is made, applicants must have a medical statement signed by a healthcare provider (which must be completed on the NC Department of Health and Human Services form) and a Tb test. Applicants are responsible for the cost of both. Also, applicants must undergo a criminal background investigation, Healthcare Registry inquiry and Medicaid fraud inquiry.

Starting pay ranges from \$9.00-\$10.00 per hour depending on education and experience.  
Substitutes start at \$9.00 per hour.

Your application will be kept on file for at least 1 year

I have read and understand these qualifications

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

After Gateway Inc.  
An equal opportunity employer

## Application for Employment

\_\_\_ Full-time \_\_\_ Part-time \_\_\_ Substitute \_\_\_ Summer

### Personal Information

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Have you been convicted of a crime? Yes \_\_\_ No \_\_\_

Do you hold current Adult CPR certification? Yes \_\_\_ No \_\_\_

Certifying Organization \_\_\_\_\_ Exp. Date \_\_\_\_\_

Do you hold current First Aid certification? Yes \_\_\_ No \_\_\_

Certifying Organization \_\_\_\_\_ Exp. Date \_\_\_\_\_

Have you ever worked with impaired adults? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_

Have you specifically worked with developmentally disabled adults? Yes \_\_\_ No \_\_\_ How long? \_\_\_\_\_

How did you learn about After Gateway/this position? \_\_\_\_\_

Are you related to anyone employed at After Gateway? Yes \_\_\_ No \_\_\_

If yes: Name/Relationship \_\_\_\_\_

Are you related to anyone attending After Gateway? Yes \_\_\_ No \_\_\_

If yes: Name/Relationship \_\_\_\_\_

### Education

School	Name/Location	Graduated	Degree/Certification
High School		Yes No	
Technical School		Yes No	
College or University		Yes No	
Graduate School		Yes No	
Other		Yes No	

Additional certifications \_\_\_\_\_

Can you work between 8:30am and 3:30pm Mon-Fri? \_\_\_\_\_ If not, what days and hours are you available? \_\_\_\_\_

501 S. Mendenhall Street Greensboro, NC 27403  
336-379-7670 Fax 336-379-7317



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- Please Provide Three Professional References-		
Name and Occupation	Relationship and years known	Phone Number

Please tell us why you are interested in employment at After Gateway, and why you are the best candidate for the job. You may attach an additional sheet of paper, or continue your answer on the back.

I understand that should I be hired I agree that employment is at will and the employment relationship may be terminated for any lawful reason by After Gateway or the employee at any time without notice.

I understand that should I be hired I must have a health care professional certify my employability, at my expense.

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

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

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I authorize After Gateway, Inc. to investigate any or all statements contained in this application and also authorize any person, school, current employer, past employers and other organizations to provide information concerning my employment and other relevant information that 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 any misrepresentation or omission of facts called for on this application may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

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

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

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