

Application For Employment

Attach resume and cover letter to the application prior to submission. Include additional pages or supporting documentation as needed.

Return all application information to
Gamm, Incorporated
103 South 3rd
PO Box 49
LaBelle, Missouri 63447

Personal Information

Name		Date		
Address		City	State	Zip
Phone number	Email address			
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>		If selected for employment are you willing to submit to a background check? Yes No		
Are you a veteran? Yes No		If yes, which branch:		

Position

Position you are applying for	Available start date	Are you over the age of 18? Yes No (If no, you may be required to provide authorization to work.)	
Are you currently employed? Yes No	If yes, may we contact your current employer? Yes No		
If currently employed, why are you considering leaving?			

Education

School Name <small>High School/College/Tech School</small>	Location	Years attended	Degree/Certificate	Major/Field of Study

References (business and professional only)

Name	Title	Company	Phone

Employment History

(Please list work experience for the past 10 years beginning with most recent job held. Attach additional sheets if necessary.)

Employer (1)	Job title	Dates employed		
Supervisor Name	Email Address	Phone Number		
Address	City	State	Zip	
Employer (2)	Job title	Dates employed		
Supervisor Name	Email Address	Phone Number		
Address	City	State	Zip	
Employer (3)	Job title	Dates employed		
Supervisor Name	Email Address	Phone Number		
Address	City	State	Zip	

Equal Opportunity Employer

Gamm, Incorporated provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Signature Disclaimer

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

I acknowledge that I have received a copy of the Equal Opportunity Is the Law Notice and the Program Complaints and Grievances Acknowledgment EO-15 form.

Name	Signature	Date
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(please print)

Attach resume and cover letter to the application prior to submission. Include additional pages or supporting documentation as needed.

Return all application information to:

Fax: 660-213-3223

Mail:
Gamm, Incorporated
103 South 3rd
PO Box 49
LaBelle, Missouri 63447

email: dana@gamminc.org

If you have questions or need additional information, please call: 660-213-3221

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or,
- against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIOA Title I - financially assisted program or activity;
- providing opportunities in, or treating any person with regard to, such a program or activity; or
- making employment decisions in the administration of, or in connection with, such a program or activity.

Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

WHAT TO DO IF YOU BELIEVE YOU HAVE EXPERIENCED DISCRIMINATION

If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Danielle Smith, State Equal Opportunity Officer

Missouri Department of Higher Education and Workforce Development - Office of Workforce Development
301 W. High Street
PO Box 1087
Jefferson City, MO 65102
danielle.smith@dhewd.mo.gov
Phone: (573) 751-2428 | Fax: (573) 751-4088
Missouri Relay Services at 711

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW., Room N-4123, Washington, DC 20210 or electronically as directed on the CRC Web site at www.dol.gov/crc.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

Program Complaints and Grievances Acknowledgement

WIOA regulations require each state to establish a procedure for grievances and program complaints received from participants being served by the workforce system. To seek a formal resolution, you must first file your complaint locally. This process is intended to allow for a resolution of the issue at the most local level. You must start the process by submitting your complaint within your local workforce system, either through your local One-Stop Job Center or local workforce development board. You have up to one year to file a grievance. The Office of Workforce Development encourages informal resolution prior to the filing of a written complaint. If the complainant is not satisfied with the attempt at informal resolution, he or she should be encouraged to complete a General WIOA Complaint Form.

The complainant should be allowed sufficient time and technical assistance to provide a complete and clearly written explanation on his or her complaint form. If the complainant is unable to write, staff may transcribe his or her words onto the form; staff shall take care not to alter the language of the complainant. When a written complaint is received, the employee taking the complaint should review it immediately to insure completeness. Care should be taken to assure the following information has been provided, especially if the complaint is not received on the General WIOA Complaint Form.

The grievance should include the following

1. Full name, telephone number and address of the person making the complaint;
2. Full name and address of the respondent; and
3. Statement of the facts (including dates) that constitutes the alleged violation(s)
4. A statement of how you would like the matter to be resolved (e.g. if the agency finds in your favor what you would like to see happen or to receive);
5. Any applicant, employee, participant, service provider, program recipient, or other interested party may file a complaint alleging a violation of local WIOA programs, agreements or LWB policies and activities.

You may file your grievance with the Local Workforce Board Grievance Officer at

NAME/TITLE Jeanie Griffin
ADDRESS 1 912 Main St
ADDRESS 2 Trenton, Mo 64683
PHONE/FAX 660-359-3622 ext 1233
EMAIL jgriffin@mail.ncmissouri.edu

Within 60 calendar days of filing your grievance, WIOA requires the local area to provide a formal hearing, if the issue is not resolved informally prior to the hearing. If you find the local hearing decision unsatisfactory, or if the local area does not respond to you in the allotted 60 days, you will have the opportunity to file a request for review by the State. At the State level, WIOA requires an opportunity for an informal resolution and hearing to be completed within 60 calendar days of the filing. If the State does not respond within the 60 days, or either party wants to appeal, WIOA allows for a formal appeal to the U.S. Department of Labor (DOL). Federal appeals must be made within 60 calendar days of the receipt of the decision being appealed. DOL will make a final decision no later than 120 days after receiving a formal appeal. DOL will only investigate grievances and complaints arising through the established procedures. WIOA does not allow for federal intervention until the formal procedure has been followed.

Retaliation: No OWD employee, recipient or sub-recipient may discharge, intimidate, retaliate, threaten, coerce or discriminate against any individual because the individual has filed a discrimination complaint or otherwise participated in the investigation of a discrimination complaint.

Gamm, Incorporated

EEO-1 Voluntary Self-Identification Form

Gamm, Incorporated provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. To help us comply with Federal and State equal employment opportunity laws and to help maintain our commitment to affirmative action, please answer the questions below.

Completion of this form is voluntary and strictly confidential. If you do not wish to provide this information, it will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and kept separate from your employment application forms and your personnel file.

DATE COMPLETED: _____

POSITION APPLIED FOR: _____

GENDER: (Please check one of the options below)

Male

Female

Nonbinary

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino

White

Black or African American

Native Hawaiian or Pacific Islander

Asian

Native American or Alaska Native

Two or more races. All persons who identify with more than one of the above five races.

I do not wish to disclose.