



# Application for Employment

Please read this application before you sign it.

## To Applicant:

We appreciate your interest in our company and we are interested in reviewing your qualifications for our current open positions. To make this the best possible match between your skills and experience and our requirements, we need a clear and accurate understanding of your background.

## Instructions:

Please fill in all blanks carefully and completely. *Resumes* are not accepted *in lieu of* a completed application, but treated as supplemental information. In place of a signature you must check the box at the bottom of the "Additional Information" section.

## Work Preference:

**Specific Position Applying For:**

**Monthly (hourly) Compensation Desired:**

**Employment Category:**

Full Time  Part Time

**Availability (Days/Hours):**

## Personal Data:

**Social Security Number:**

**Phone Number:**

**Business Number:**

**Other Number:**

**Name (Last, First, Middle Initial)**

**Current Address (Number, Street, & Apartment)**

**City**

**State**

**Zip**

**1. Have you ever worked for GEC?**  Yes  No If yes, give dates

**2. Are any of your family or household members employed by GEC?**  Yes  No If yes, list names  
Members of the same family may be employed by GEC, however, there are some restrictions.

**3. Are your 18 years of age or older?**  Yes  No

**4. Can you, upon employment, provide documented proof establishing your identity and eligibility to be legally employed in the United States?** All new hires must produce proof of identity and employment eligibility upon hire in accordance with the immigration Reform and Control Act of 1986.

 Yes  No

**5. Have you ever been involuntarily discharged or asked to resign from a position?** If yes, please explain  Yes  No

**6. Do you have another job that you would like to keep if you become employed by GEC?**  Yes  No  
All employment must be disclosed and approved by your manager if you wish to continue in that position after becoming employed by GEC.

If yes, please list company name, business type, & position held

# Background Data:

1. Have you ever committed an act of breach of trust or dishonesty such as theft or falsification?  Yes  No

If yes, please explain

2. Were you convicted of any crime as a result of this act?

3. Have you ever been convicted of a felony or misdemeanor within the past 10 years?  Yes  No

If yes, please explain

# Employment Data:

Please fill out this section completely and do not indicate "refer to resume". However, resumes are accepted as supplemental information.

If additional information is attached please check here.

List all current and former employers for the last 10 years, beginning with the most recent employer. Include military service and self-employment.

Are you currently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

## 1. Present Employer

Phone Number

Address

City

State

Zip

Job Title

Full Name While Employed

Dates Employed (Mo/Yr)

From

To

Job Duties

Monthly/Hourly Compensation

Weekly Scheduled Hours

Did you voluntarily terminate your employment?  Yes  No

Please explain your reason for leaving?

Immediate Supervisor

Phone Number

## 2. Employer

Phone Number

Address

City

State

Zip

Job Title

Full Name While Employed

Dates Employed (Mo/Yr)

From

To

Job Duties

Monthly/Hourly Compensation

Weekly Scheduled Hours

Did you voluntarily terminate your employment?  Yes  No

Please explain your reason for leaving?

Immediate Supervisor

Phone Number

3. Employer

Phone Number

Address

City

State

Zip

Job Title

Full Name While Employed

Dates Employed (Mo/Yr)

From  To

Job Duties

Monthly/Hourly Compensation

Weekly Scheduled Hours

Did you voluntarily terminate your employment?  Yes  No

Please explain your reason for leaving?

Immediate Supervisor

Phone Number

4. Employer

Phone Number

Address

City

State

Zip

Job Title

Full Name While Employed

Dates Employed (Mo/Yr)

From  To

Job Duties

Monthly/Hourly Compensation

Weekly Scheduled Hours

Did you voluntarily terminate your employment?  Yes  No

Please explain your reason for leaving?

Immediate Supervisor

Phone Number

5. Other Employers

6. Other Employers

7. Other Employers

8. Other Employers

## Educational Background:

---

**School(s) Attended**

**Years Completed**

1  2  3  4

**Degree Received**

**School(s) Attended**

**Years Completed**

1  2  3  4

**Degree Received**

**List Special Licenses, Certifications**

**List Specific Knowledge/Skills**

Office Machinery/Equipment

PC Software (Example: Word Perfect, Quattro Pro, Word, Excel, CAD)

**List other skills that you feel would be useful in the position which you are applying for** (Example: Second Language, Etc.)

## Referral Information:

---

**Where did you hear about this job?** (Check one and indicate the name below)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Business Referral (customer) | <input type="checkbox"/> State Employment Division | <input type="checkbox"/> Internet          | <input type="checkbox"/> Professional Event/Job Fair |
| <input type="checkbox"/> Classified Ad                | <input type="checkbox"/> Temporary Agency          | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Other Source (Please List)  |
| <input type="checkbox"/> Community Organization       | <input type="checkbox"/> Walk-in                   | <input type="checkbox"/> Former Employee   |  |
| <input type="checkbox"/> College Recruiting           | <input type="checkbox"/> Employee Referral         | <input type="checkbox"/> School Referral   |  |

## Additional Information:

---

**Persons with Disabilities/Vietnam Veterans, Disables Veterans and Other Covered Veterans.**

The *American With Disabilities Act ("ADA")* and *Section 503 of the Rehabilitation Act of 1973* prohibit employment discrimination against qualified individuals with disabilities. Similarly, *Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974*, as amended by the *Veterans Employment Opportunity Act of 1998*, eliminates barriers to employment for veterans. GEC is covered under the laws and willingly complies with them.

**Application Information.**

The application will remain active for a minimum of 60 days. The information on the application will be used either to determine the applicant's qualifications for the particular employment sought or for GEC's record-keeping and statistical systems. Applicants are considered for all positions without regard to race, color, religion, gender, national origin, citizenship status, sexual orientation, age, marital status or veteran status, or the presence of a non job-related medical condition or disability. If you are hired, you will be eligible for workers' compensation insurance, paid by GEC. GEC may require you to pass pre-employment and/or drug tests as a condition of employment.

**Please read the following statement and ask for clarification, if needed, before you sign this section.**

I certify that all my answers on this application are true and complete. I understand that the falsification, omission or misrepresentation of fact on this application (or any other accompanying or required documents) may be cause for denial of employment or immediate termination of employment if hired, regardless of when or how discovered. I also authorize the investigation and verification of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release GEC from all liability that might result from conducting an investigation.

**If I am hired by GEC, I understand and agree that:**

Employment and compensation can be terminated for any reason, with or without cause and with or without notice, at any time, at the option of GEC or myself. This employment application becomes part of the terms and conditions of employment.

- By checking this box, I understand all information on this application and certify that all answers on this application are true and complete.**



# Applicant Tracking

Self-Identification Form

## To Applicant:

To assist us in meeting government reporting requirements and to better evaluate the effects of our selection process, applicants are requested to complete this form and return it with your employment application. The data you provide will be used solely for research and statistical purposes.

Your cooperation is voluntary, and this information will be kept confidential.

## Personal Data:

<b>Social Security Number:</b>	<b>Date:</b>	<b>Name (Last, First, Middle Initial)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Current Address (Number, Street, &amp; Apartment)</b>		
<input type="text"/>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check one in each section of the following categories

### A. Gender

Male  Female

### B. Race/Ethnic Category

I - Native American  B - Black, not of Hispanic Origin

H - Hispanic  A - Asian/Pacific Islander

C - Caucasian/White, not of Hispanic Origin

### C. Veteran

Yes  No

### Race/Ethnic Description

\*Native American - American Indian or Alaska Native. Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

\*Asian/Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, India, and Somoa.

\*Black, not of Hispanic Origin - All persons having origins in any of the black racial groups of Africa.

\*Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture.

\*Caucasian/White, not of Hispanic Origin Includes all persons having origins in any of the original peoples of Europe, North Africa, or Middle East.

### Veteran Definitions

*Vietnam-Era Veteran - This is a person who:*

- Served on active duty for more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge;

- Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975; or

- Served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975.

*Special Disabled Veteran - This is a person who:*

- Is entitled to compensation or would be entitled to compensation, but for the receipt of military retirement pay, under laws administered by the Department of Veterans Affairs for a disability rated at 30 percent or more;

- Is rated at 10 or 20 percent disabled if it has been determined that the veteran has a serious employment disability; or

- Was discharged or released from active duty because of a service-connected disability.

*Covered Veteran - This is a person who:*

- Served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. Active duty for training as a member of the National Guard and Reserve does not qualify an individual for protection.