

W Harris G.S. C., Inc.



APPLICATION FOR EMPLOYMENT

An Equal-Opportunity Employer

This contractor and subcontractor shall abide by the requirements of 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status, disability, sexual orientation and gender identity.

INSTRUCTIONS (Please read before completing the application)

Thank you for your interest in employment at W Harris G. S. C., Inc. If you meet the minimum qualifications for positions that are currently available, your application will be circulated to the appropriate department(s) for review. If there is an interest in your qualifications, *we will contact you to arrange an interview.*

Please follow the directions below when completing your application; incomplete applications cannot be processed.

1. Please complete all blanks. Some questions require "yes," or "no" answers. Do not answer with "NA" or "see resume." If you are interviewed, you will be required to provide proof of photo identification.
2. List ALL of your employers in chronological order beginning with the most recent. Include all full-time, part time, summer, and temporary employment, along with periods of unemployment and continuing education. Leave no gaps longer than a one-month period. Do not indicate "see resume." If necessary, you may attach additional sheets.
3. Please be sure to complete the entire application even if you are attaching a personal resume.
4. If requested we will provide assistance in completing the application form.

Signature _____ Date _____

INTRODUCTORY INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

APPLICANT QUESTIONS:

Job location applying at: _____

Are you aware of any engagements that will interfere with your work in the next 12 months? Yes No

If Yes, please explain: _____

Position applying for: _____ Wage desired: _____ Date Available: _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No

Do you meet our state's minimum age requirement for work? Yes No

How were you referred to W Harris G.S.C, Inc.? _____

Do you have any relatives that work for the company? If yes, please list below: Yes No

Name	Position	Relationship
------	----------	--------------

1. _____

2. _____

Have you previously worked for the company? Yes No

MILITARY EXPERIENCE:

Have you ever been in the military? Yes No

If Yes, Please list experience and special education received in the military:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent; do not go back more than ten (10) years:

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____
Reason for Leaving: _____

STATEMENT (Please read this statement carefully before signing this application):

I understand that employment with W Harris G. S. C., Inc. (the Organization) is at will and that I am free to resign at any time. W Harris G. S. C., Inc. reserves the right to terminate my employment at any time, with or without just cause, and without any prior notice. I also understand that no representative of the company has the authority to make any assurances to the contrary.

I authorize the Organization to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Organization may require the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 30 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____

Applicant Invitation to Self-Identify

This information is requested on a voluntary basis. In order to help us comply with Federal Equal Opportunity record keeping and legal requirements, we encourage you to answer the questions below.

Please note that [W Harris G. S. C., Inc.](#) adheres to and believes in equal employment opportunity for all applicants and employees without regard to race, color, sex, age, disability, national origin, religion or veteran status. This pre-employment information will be kept in a confidential database separate from employment applications/resumes. Refusal to provide this information will **not** disqualify your application.

Part A

Name:	Date:
Position Applied for:	Location:
How did you learn about this position?	

Part B

1. What is your gender?	<input type="radio"/> Male. <input type="radio"/> Female
2. Are you Hispanic or Latino?	<input type="radio"/> Yes. Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. If you check this box, skip questions 3. <input type="radio"/> No. Continue to the next question.
3. What is your race? (Check <u>one</u>)	<input type="radio"/> White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa. <input type="radio"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="radio"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands. <input type="radio"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. <input type="radio"/> American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition. <input type="radio"/> Two or More Races: All persons who identify with more than one of the above five races.
<input type="checkbox"/>	I refuse to provide information about my race and gender (Check this box only if you did not complete part B. You must fill in part A).
Are you a Protected Veteran? (See definitions attached). <input type="radio"/> Yes <input type="radio"/> No	
Please sign here	Signature: _____

Protected Veteran Category Descriptions

1. *Disabled veteran.* A veteran who is entitled to compensation (or would be if the person were not receiving military retired pay) for a service-connected disability under laws administered by the U.S. Department of Veterans Affairs or a person who was discharged or released from active duty because of a service-connected disability.
2. *Other protected Veteran of war, campaign or expedition.* Veteran who served on active duty in the U.S. Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized. A list of these wars, campaigns and expeditions can be found at <http://www.opm.gov/veterans/html/vgmedal2.asp>.
3. *Armed Forces Service Medal Veteran /Noncombat veteran who earned Armed Forces Service Medal.* Veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985. This service medal is a noncombat medal that covers significant U.S. military operations that don't encounter foreign armed opposition or imminent hostile action. An explanation and list of operations that qualify for the Armed Forces Service Medal can be found at <http://foxfall.com/csm-common-afsm.htm>.
4. *Recently separated veteran:* Any veteran during the *three*-year period beginning on the date of the veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.