

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION
VOLUNTARY SELF-IDENTIFICATION FORM
Applicant Survey

Name: _____

Position applying for: _____

Date: _____

Our company is an equal opportunity/affirmative action employer and does not discriminate in firing or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

The company is required by federal regulation to report information as requested below. Your contribution of this information is completely voluntary. The information you provide is strictly confidential and will be maintained separate from your personnel file. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

PLEASE CHECK ONE: Male Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- | | | |
|--|---|--|
| <input type="checkbox"/> White - (not Hispanic or Latino)-having origins in any of the original peoples of Europe, the Middle East or North America | <input type="checkbox"/> Hispanic or Latino - of Cuban, Mexican, Puerto Rican, South or Central American culture or origin | <input type="checkbox"/> Native Hawaiian or other Pacific Islander (not hispanic or Latino)having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islander |
| <input type="checkbox"/> Black or African American (not Hispanic or Latino) – having origins in any of the black racial Asia, or groups of Africa | <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) – having origins in the original peoples of North or South America and who maintain tribal affiliations or community involvement | <input type="checkbox"/> Asian (not Hispanic or Latino) – having origins in the Far East, including Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam |
| <input type="checkbox"/> Two or More Races (not Hispanic or Latino) | <input type="checkbox"/> Other | |

As a government subcontractor, G.S. Precision is subject to the Vietnam Era Veterans' Readjustment Act of 1974 as well as the Jobs for Veterans Act of 2002, and is required to take Affirmative Action to employ and advance in employment qualified Vietnam-era veterans, disabled veterans, campaign badge holders and recently separated veterans. Participation is voluntary and information will be used only in accordance with the act and required government filings. The information you provide is strictly confidential and will be maintained separate from your personnel file.

Are you an Armed Forces service medal recipient? Yes No

(A veteran who participated as members of units involved in military operations of signification numbers with no foreign armed opposition or the threat of imminent hostile action.)

Are you a disabled veteran of any era? Yes No

(A person entitled to disability compensation by the Veteran Administration for a disability rate at 30% or more, or a person discharged for a disability incurred in the line of duty during any era.)

Are you a campaign badge holder? (A veteran of any war, campaign, or expedition for which a campaign badge was awarded. Includes Vietnam Era Veterans. See list of campaigns. Yes No

Are you a recently separated veteran? Separated within the last year? Yes No

Separated within the last 3 years? Yes No

If you are a covered veteran and would like to be considered under the Company's Affirmative Action Program, please notify Human Resources. All information is confidential.



Application for Employment

G.S. Precision, Inc. is an equal opportunity employer and does not unlawfully discriminate against any applicant on the basis of race, creed, color, religion, gender, sexual orientation, national origin, ancestry, age, disability, handicap, veteran status or any other class protected by federal or state law.

DATE OF APPLICATION: _____ POSITION(S) APPLIED FOR: _____

PERSONAL INFORMATION

(Please Print)

Full Name: _____
Address: _____
City, State, Zip: _____

Phone # (Home): _____
 Phone # (Mobile): _____
 Email Address: _____

Are you at least 18 years of age? No Yes
 Do you have the legal right to work in the United States? No Yes
 Have you filed an application here before? No Yes
 If yes, please list date: _____
 Have you been previously employed here? No Yes
 If yes, please list date: _____
 Are you currently employed? No Yes
 If yes, may we contact your present employer? No Yes
 If yes, please print employer: _____

REFERRAL SOURCE: (Please Check Only One)

- College Recruiting
- High/Trade School
- Job Fair
- Newspaper (list paper) _____
- Internet (list website) _____
- Other: _____
- College Recruiting
- High/Trade School
- Employment Agency

Names of relatives employed at G.S. Precision:

AVAILABILITY

Employment Desired: Full Time Part Time Seasonal

Shift: 1st 2nd 3rd

Availability: (Please specify hours)

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
From:							
To:							

On what date will you be available to start work?

Minimum Salary Expectation:

EDUCATION & SKILLS

	High School	College/ University	Graduate/ Professional
Name of School			
Location			
Years Completed			
Diploma/Degree			
Course of Study			

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills, qualifications, workshops, seminars attended, training received or any other activities which demonstrate your qualifications for the position for which you are applying.

**EMPLOYMENT HISTORY
& REFERENCES**

List previous employers starting with your present or most recent employer. You may **include** any verified work performed on a voluntary basis. You may **exclude** organizations which indicate race, creed, color, religion, gender, sexual orientation, marital status, national origin, age, disability, veteran status, Vietnam Era Veteran or a member of the Reserves/National Guard. **This information must be completed even if you plan on submitting a resume with your application.**

(Please Print in the space provided)

Employer:	From (month/year)	To (month/year)
Job Title:	Work/Duties Performed:	
Address:		
Supervisor:		
Phone #:		
		Reason for Leaving:
Employer:	From (month/year)	To (month/year)
Job Title:	Work/Duties Performed:	
Address:		
Supervisor:		
Phone #:		
		Reason for Leaving:
Employer:	From (month/year)	To (month/year)
Job Title:	Work/Duties Performed:	
Address:		
Supervisor:		
Phone #:		
		Reason for Leaving:

PROFESSIONAL REFERENCES: Please list two business references (non-relatives). Manager/Supervisory references preferred.

Name:	Name:
Address:	Address:
Phone #:	Relationship:
	Phone #:
	Relationship:

Military Service:

Branch:	Years Served:
Rank:	Duties:

APPLICANT STATEMENT

I understand and agree that if hired, I will be an employee-at-will. This means that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I also understand that this written statement contains our entire agreement about my at-will status and supersedes any past, future, or oral representations made by agents or representatives of the company/organization.

I will submit to a pre-placement health evaluation and background check, if required.

I declare that the information and statements which I have made in this application are true, complete, and correct. I understand and agree that any falsified, omitted, or misrepresented information, may disqualify me from further consideration for employment, or may result in my dismissal if discovered at a later date.

I authorize my former employers (and my present employer, if I authorize the Company to contact it), educational institutions and references to furnish any information to the company that concerns me, in terms of qualifications, character, general reputation, and my employment history. I waive any right of disclosure to me by the Company of information so obtained, and agree to hold harmless the company, my former and present employers, educational institutions and references from any liability arising out of, related to or resulting from such disclosures.

In signing this form, I certify that I understand all the questions and agree with all statements made within this application.

Signature: _____

Date: _____