

General Southern Industries (GSI)

INVITATION TO SELF-IDENTIFY

GSI is a Government contractor subject to the regulations enforcing Executive Order 11246, anti-discrimination laws, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. As such, GSI is required to ask applicants to provide their race and gender information so that we can monitor our compliance under the regulations. However, providing this information is strictly voluntary on your part. Failure to provide it will NOT subject you to any adverse employment decision. This page will be detached from your employment application and will be confidentially maintained in a separate folder.

RACE

- Hispanic or Latino** = A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
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- African American / Black (Not Hispanic or Latino)** = A person having origins in any of the black racial groups of Africa.
- Asian (Not Hispanic or Latino)** = 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.
- American Indian or Alaska Native (Not Hispanic or Latino)** = A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** = A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino)** = A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (Not Hispanic or Latino)** = All persons who identify with more than one of the above five races.

VETERAN STATUS

GENDER

- Vietnam Era Recently Separated Veteran Female
- Vietnam Armed Forces Service Medal Veteran Male
- Veteran of a conflict for which a campaign badge has been issued

(Please Specify

How were you referred?

- Walk-In Ad State Employment Service

- Employee _____ Agency Name: _____

- Other (Please Specify)

First Name

Middle Name

Last Name

Date (YYYY/MM/DD)

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Applicants are considered for employment without regard to race, color, religion, national origin, sex, marital status, age, disability, and veteran or citizenship status. Employment with our company is at the will of the employee and the employer. **In order to be considered for employment, this application must be fully completed.**

Date	Position Applied For/Location (<i>Please be specific</i>):	Date Available for Employment:
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Are there any hours that you would be unable to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What Hours?
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Basic Information – Please Print in Ink

Name: (In Full) Last – First – Middle				
Please indicate other names you have used in previous employment or schooling. State name and dates:				
Residence: Street Address	City	State	County	Zip Code
Home Telephone ()	Alternate Telephone ()		Social Security Number	
Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?			Are you under 18 years of age?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever applied for employment with us?		Have you ever been employed here before?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:		
Do any of your relatives work here? If yes, give name and relationship.				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Previous Addresses During the Last Three Years

Street Address	City	State	Zip	County	From/To

RECORD OF EMPLOYMENT

List All Additional Employers on a Supplemental Sheet

EMPLOYER (present or last)::				Supervisor's Name	
Street Address		City	State	Zip Code	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start _____ End _____		From _____ To _____	
Describe Responsibilities:					
Reason for leaving last position or wanting to leave current position:					
Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER (present or last)::				Supervisor's Name	
Street Address		City	State	Zip Code	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start _____ End _____		From _____ To _____	
Describe Responsibilities:					
Reason for leaving last position or wanting to leave current position:					
Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER (present or last)::				Supervisor's Name	
Street Address		City	State	Zip Code	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start _____ End _____		From _____ To _____	
Describe Responsibilities:					
Reason for leaving last position or wanting to leave current position:					
Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYER (present or last)::				Supervisor's Name	
Street Address		City	State	Zip Code	Area Code/Phone Number
Job Title:		Base Salary (Annual or Hourly):		Dates Employed (Month/Year):	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Start _____ End _____		From _____ To _____	
Describe Responsibilities:					
Reason for leaving last position or wanting to leave current position:					
Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this Employer to obtain a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DISCLOSURE STATEMENT

This company does not discriminate in hiring or any employment practice on the basis of race, color, religion, national origin, sex, ancestry, age, or citizenship status nor does this company discriminate against any employee or candidate for employment because of physical or mental disability. No question on this application is intended to secure information to be used for such discrimination. If you feel that you have been discriminated against in any prohibited manner during the selection process, please ask to speak to someone in Human Resources in order for the matter to be investigated further.

STATEMENT OF AGREEMENT

I certify that the answers given herein and during an interview are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the employer permission to contact schools, previous employers, references, and all others, and hereby release the employer from any liability as a result of such contact, unless otherwise noted in this application. I understand that misrepresentation, omissions of facts, or incomplete information requested in this application may remove me from further consideration for employment or may result in dismissal should I be employed.

I hereby acknowledge that I have read the foregoing disclosure statement and understand the contents.

It is agreed and understood that this Application for Employment in no way obligates this company to employ me and that any offer of employment is subject to the terms and conditions stated on this application form. I agree and understand that my employment is for no definite duration and may be terminated at will by either the company or me. It is agreed and understood by me that participation in any of the benefits programs of this company does not create a contract of employment. Additionally, any statements in the Company's employee handbook does not create a contract, the employee handbook should not be construed as a contract and cannot create a contract of employment for any definite duration. I agree and understand that only the President has the authority to establish a contract of employment with me and that any such contract must be in writing, designated as an employment contract, and signed by both parties.

If required for the position for which I am applying, I will consent to a post offer pre-employment physical examination and blood or urine analysis at the company's expense. (Note: this analysis may test for controlled substances.) I also understand that the Company may require assessment of social development and interaction. I understand that if I falsify responses to medical inquiries, including my history of worker's compensation claims, I may be terminated from employment and precluded from receiving worker's compensation benefits and/or unemployment benefits. Further, I understand that any employee or former employee who makes knowingly false or fraudulent material statements or misrepresentation for the purpose of obtaining worker's compensation benefits may be guilty of felony.

If hired, I pledge to abide by the company's policies concerning equal employment opportunity and prohibition of unlawful harassment. Further, I promise to immediately report any violation of such policies in the manner set forth in those policies.

In the event of my employment, any company materials entrusted to me during the course of my employment will be returned to the company on the last day of my employment, whether I resign or am terminated. I agree and understand, that should I be employed, I will not at any time or in any manner, either directly or indirectly, divulge, disclose or communicate to any person, firm or corporation in any manner whatsoever any confidential information concerning any matters affecting or relating to the business of the Employer, including, without limiting the generality of the foregoing, any of its customers, its services or products, its manner of operation, its plans or other "proprietary information." I understand that I may be asked to sign a confidentiality agreement consistent with this paragraph as a condition of employment.

I understand that this application will only be maintained on file for 30 days.

Date _____ **Signature** _____