



Employment Application

GStek, Inc. is proud to be an Affirmative Action/Equal Opportunity Employer. GStek provides equal employment opportunity for all persons in all facets of employment. We maintain a drug-free workplace and perform post-offer background checks. GStek encourages veterans, disabled veterans and disabled individuals to apply for any open position for which they feel they are qualified. EOE Minority/Female/Veteran/Disabled

Applicants with disabilities may contact the GStek, Inc. Human Resources department via telephone, fax, or e-mail to request and arrange for accommodations. If you need assistance to accommodate a disability, you may request an accommodation at any time. Please contact our Human Resources department at: (757) 548-1597, (757) 410-0298 (fax), or hr@gstekinc.com.

Date Applied: _____

Position Applied For: _____
 Date Available for Employment: _____
 Desired Salary Range: _____

APPLICANT INFORMATION

LAST NAME ↓	FIRST NAME	PREFERRED NAME	MIDDLE NAME	CELLULAR PHONE NO. ()
E-MAIL ADDRESS ↓				HOME / MESSAGE PHONE NO. ()
PERMANENT STREET ADDRESS ↓	CITY	STATE	ZIP CODE	OTHER CONTACT NO. ()

Are you legally eligible for employment in the United States? Yes No

Are you currently 18 years of age or older? Yes No

Are you willing to accept employment which requires you to travel? Yes No

Are you available to work overtime? Yes No

Do you currently have a valid state driver's license? Yes No

(Note: A current report of your driving history for the past 3 years is required for most positions.)

RELATED EDUCATION

If applicable to the position applied for:

Can you provide a copy of the listed Degrees/Certificates?
 Yes No

List College or University, Military School, Technical School, Trade School, Night School, Apprenticeships ***applicable to the position*** applied for.

NAME AND LOCATION OF INSTITUTION	FROM Month/ Year	TO Month/ Year	UNITS COMPLETED		MAJOR	CONCENTRATION	GPA Grade/ Scale	DEGREE
			Sem.	Qtr.				

If you expect to complete an education program in the near future, please indicate what type of degree or program and expected completion date: _____

Describe position related specialized training, apprenticeships, skills, etc:

U.S. MILITARY SERVICE

If applicable to the position applied for:

BRANCH OF SERVICE RANK MILITARY OCCUPATIONAL SPECIALITY

Briefly describe your duties:

PROFESSIONAL REFERENCES

Name people in your field (**professional**) with whom *you have worked* and whom we have permission to contact. Please contact your references and let them know we will be calling from area code (757). Verify contact telephone numbers.

Reference Full Name	Company name and address where you both worked	
()	()	()
Contact Telephone Number	Alternate Contact Telephone Number	Contact email address if overseas

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PREVIOUS GStek, Inc. EXPERIENCE

Have you ever been a GStek, Inc. employee?	Where?	When?
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

EMPLOYMENT AND PERSONAL HISTORY

Starting with your most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. **Provide an explanation for periods of unemployment. If your past three employment periods are less than seven years, provide additional employer information on a separate sheet.**

Your **present employer will be contacted** unless you tell us otherwise: (pre-offer)

Yes, you may contact my present employer. No, you may not contact my present employer.

Company (Present or last employed with)	Telephone Number ()	From (Month/Year)	To (Month/Year)
Street Address	City	State	Zip Code
Position or Title	Name of Immediate Supervisor	Immediate Supervisor's Telephone Number	
Briefly Describe Your Responsibilities			

Reason For Leaving:

Company (Present or last employed with)	Telephone Number ()	From (Month/Year)	To (Month/Year)
Street Address	City	State	Zip Code
Position or Title	Name of Immediate Supervisor	Immediate Supervisor's Telephone Number	
Briefly Describe Your Responsibilities			

Reason For Leaving:

Company (Present or last employed with)	Telephone Number ()	From (Month/Year)	To (Month/Year)
Street Address	City	State	Zip Code
Position or Title	Name of Immediate Supervisor	Immediate Supervisor's Telephone Number	
Briefly Describe Your Responsibilities			

Reason For Leaving:

SECURITY CLEARANCE

Have you ever had a U.S. government Security Clearance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Level of most recent Clearance	Date Granted	Employer at Time Granted	Clearing Agency
Have you ever had a Security Clearance Denied or Revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	Level of Clearance	Date Action Taken	Action Taken by Whom	Employer at Time of Action

I certify that the answers I have given and the statements I have made in this application are true and complete, and that I have not omitted any information of consequence. I agree not to hold any GStek, Inc. liable if my employment is terminated because I have given incorrect answers or statements, or omitted important information in this application. I authorize the companies, schools, and people named in this application to give GStek, Inc. any requested information about my employment or education, and release them from liability for damages for giving this information. I understand that GStek is an 'at-will' employer that operates under the provision that employees have the right to resign their position at any time, with or without notice and with or without cause. I also understand that GStek has the right to terminate the employment relationship at any time, with or without notice and with or without cause. I understand that my ability to verify eligibility for employment in the United States is a condition of employment.

Falsification or significant omission of information, regardless of the time of discovery, may cause forfeiture on my part of any employment in the service of GStek, Inc.

Please read the above statement and sign application here:

Applicant Signature

Date

*If applying for employment in the state of **Maryland**, please read and acknowledge the following statement:*

"Under Maryland law, an employer may not require or demand as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100."

Applicant Signature

Date

** Attach your up-to-date resume to this application.

How did you find out about this employment opportunity?

- | | | |
|--|--|--|
| <input type="checkbox"/> State Employment Office | <input type="checkbox"/> GStek, Inc. Web Site | <input type="checkbox"/> Government Referral |
| <input type="checkbox"/> CareerBuilder | <input type="checkbox"/> GStek Employee Referral | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Indeed | <input type="checkbox"/> Internet Search | |
| <input type="checkbox"/> Job Bank | <input type="checkbox"/> Other _____ | |

GStek, Inc. is proud to be an Affirmative Action/Equal Opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, or any other characteristic protected by law. GStek encourages veterans, disabled veterans, and disabled individuals to apply for any open position for which they feel they are qualified. EOE Minority/Female/Veteran/Disabled



Voluntary Information For Government Reporting Purposes

Name (Print)	Date
Position Applying For	Position Location

GStek, Inc. is an equal opportunity/affirmative action employer in all of its employment and personnel actions. We encourage people of all ethnic backgrounds to pursue opportunities with our company.

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, sexual orientation, gender identity, age, national origin, religion, veteran status or disability. The information you provide is on a voluntary basis and your refusal to supply it will not subject you to any adverse treatment. *This section will not be viewed by anyone for employment consideration purposes.* All information will be kept confidential in a separate file maintained by the Human Resources Department.

Please check one: Female Male

— ETHNIC / RACE IDENTIFICATION —

This information is required in order to comply with Title VII of Executive Order 11246, Office of Federal Contract Compliance Programs' Rules and Regulations 41 CFR 60-1 (as amended for Affirmative Action Reporting Programs), and Executive Office of the President, Office of Management and Budget's (OMB) Directive Number 15.

ETHNIC SELF-IDENTIFICATION

Are you Hispanic, Latino, or of Spanish Origin? (Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes No

RACE SELF-IDENTIFICATION

Please read the descriptions, and then mark one or more races to indicate what you consider yourself to be.

- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Applicant's Signature _____

CHARACTERISTICS OF PROTECTED VETERAN GROUPS
Invitation to Self-Identify

GStek is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

DISABLED VETERAN

- A. a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs, or
- B. a person who was discharged or released from active duty because of a service-connected disability.

ARMED FORCES SERVICE MEDAL VETERAN

Listed on your DD Form 214 as "Armed Forces Service Medal"

Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985. -- Please provide a copy of your DD Form 214.

RECENTLY SEPARATED VETERAN (Please check if this category applies to you)

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN

A veteran who served in the U.S. military, ground, naval or air services during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS AS LISTED ABOVE**
- OTHER VETERAN NOT IN A PROTECTED GROUP LISTED ABOVE**
- I AM NOT A PROTECTED VETERAN***

Thank you for participating in this survey.

Printed Name

Signature

Date

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.

**This Organization
Participates in E-Verify**

**Esta Organización
Participa en E-Verify**



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos.

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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