



elevate your workplace[®]

APPLICATION FOR EMPLOYMENT

G/M provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, marital status, gender identity, sexual orientation, veteran status or genetics. In addition to federal law requirements, G/M complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. EEO/AA M/F/M/V/D

Please complete in INK. PRINT clearly. Incomplete applications may be disqualified.

PERSONAL INFORMATION

Position Applied For:			Date Available:	Desired Salary:
				Home Phone ()
Name	Last	First	Middle	Cell Phone ()
Address	Number/PO Box	Street	Apt.	Business Phone ()
	City	State	Zip	
Are you available to work:			<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Are you legally eligible for employment in the USA?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Proof of legal right to work in the USA will be required upon employment.

Will you now or in the future require G|M Business Interiors to commence ("sponsor") an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called a "sponsorship" for an employment-based visa status. Yes No

May we write or call your present employer? Yes No

Have you ever filed an application with us before? Yes No

If yes, please provide date and position:

Have you ever been employed with us before? Yes No

SKILLS, EDUCATION, TRAINING DATA

Refer to Position Description for Minimum Qualifications

Education Level	Name & Location of School	Received Diploma/GED?	Subjects Studied/Degree Earned
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Related Certificate(s), Professional or Technical License(s) or Skills(s) (Please attach copies)

1

2

Please indicate your source of referral:

Newspaper Internet Friend Relative Other

Name of friend, Relative or Other source

EMPLOYMENT HISTORY

NO RESUMES IN LIEU OF APPLICATION

INSTRUCTIONS:

1. List present or most recent position first.
2. Account for all time (including military service) for the last ten years.

3. Include all paid and unpaid experience that qualifies you for this position, including that prior to the last ten years.
4. If more space is needed, attach extra sheets.

Employer 1	Dates Employed		Exact Title of Your Position
Address of Employer (Include City and State)	From	To	Name and Title of your Immediate Supervisor
Telephone Number ()			Reason for Leaving
Type of Business or Organization			
Description of Duties			May We Contact this this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer 2	Dates Employed		Exact Title of Your Position
Address of Employer (Include City and State)	From	To	Name and Title of your Immediate Supervisor
Telephone Number ()			Reason for Leaving
Type of Business or Organization			
Description of Duties			May We Contact this this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer 3	Dates Employed		Exact Title of Your Position
Address of Employer (Include City and State)	From	To	Name and Title of your Immediate Supervisor
Telephone Number ()			Reason for Leaving
Type of Business or Organization			
Description of Duties			May We Contact this this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer 4	Dates Employed		Exact Title of Your Position
Address of Employer (Include City and State)	From	To	Name and Title of your Immediate Supervisor
Telephone Number ()			Reason for Leaving
Type of Business or Organization			
Description of Duties			May We Contact this this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Certification and Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby discharge the person or entity to whom any request for information is presented from any and all manner of actions, claims, and demands whatsoever, known or unknown, which I ever had, now have, may have or claim to have against the person or entity to whom this request is presented, or its agents or employees, arising out of or by reason of complying with any request by G/M Business Interiors, for information in connection with my Application for Employment with the Company.

I understand that if I am hired, the length of my employment is not guaranteed. Just as I will be free to voluntarily terminate my employment at any time, with or without cause, G/M Business Interiors will be free to terminate my employment at any time, with or without cause, and with or without advance notice. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of G/M Business Interiors.

I understand that employment is contingent upon successful verification of U.S. citizenship and/or approved employment eligibility in the United States and upon successful completion of a post offer, pre-employment criminal background screening.

Applicant Signature

Date

Applications without Signature Will Be DISQUALIFIED

EEO Candidate Voluntary Self-Identification

G/M believes that all persons are entitled to equal employment opportunities and we do not discriminate against our employees, applicants, or job seekers because of race, color, gender, religion, national origin, disability, veteran status, age, marital status, or any other protected group status as defined by the laws. In order to comply with the laws, we invite you to voluntarily self-identify your race/ethnicity, gender, and veteran status. Please complete the information below, which includes the option to choose not to self-identify, and return as instructed as soon as possible.

This information will be kept confidential and separate from the application for employment. Your submission of this information is entirely voluntary and refusal to provide it will not influence our screening or hiring decisions.

Name: _____	Date: _____		
Position Applied For: _____			
Referral Source: <input type="checkbox"/> Internal (Current Employee)	<input type="checkbox"/> GMBI.NET	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other: _____ (please specify)		

I do not wish to complete the information requested below.

Sex:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Race/Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	

Race/Ethnic Definitions:

- *Hispanic/Latino*: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- *Black/African American (not Hispanic or Latino)*: A person having origins in any of the black racial groups of Africa.
- *White (not Hispanic or Latino)*: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- *American Indian/Alaskan 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.
- *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.
- *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.
- *Two or More Races (not Hispanic or Latino)*: A person who identifies with two or more race categories named above.

Veteran Status Pre-Offer Solicitation

Name: _____ Date: _____

G/M 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**
- (4) **Armed Forces service medal veterans**

These classifications are defined as follows:

- *A disabled veteran* is one of the following:
 - 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 laws administered by the secretary of Veterans Affairs
 - A person who was discharged or released from active duty because of a service-connected disability
- *A recently separated veteran* is 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
- *An active duty wartime or campaign badge veteran* is a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the U.S. Department of Defense
- *An Armed Forces service medal veteran* is a 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 12985](#).

Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service, toll-free, at **1-866-4-USA-DOL**.

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

- I identify as one or more of the classifications of protected veterans listed above
- I am not a protected veteran
- I decline to disclose my veteran status

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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
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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.