



EMPLOYMENT APPLICATION

An Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, religious creed, color, age, sex, gender identity, gender expression, genetic information, sexual orientation, national origin, religion, marital status, medical condition, physical or mental disability, military service, pregnancy, childbirth and related medical conditions, or any other classification protected by federal, state, and local laws and ordinances.

The Gill Corporation provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disability Act and applicable state and local law. If you require an accommodation in the application process, please notify the Human Resources Department.

PERSONAL AND GENERAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	DATE
CURRENT STREET ADDRESS		APT.	CITY	STATE	ZIP
CELL PHONE NUMBER ()		HOME/ALTERNATE PHONE NUMBER ()		EMAIL ADDRESS	
If hired will you be able to furnish proof that you are legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you previously applied for OR worked for The Gill Corporation or any of its subsidiaries? YES: <input type="checkbox"/> Alcore <input type="checkbox"/> Castle <input type="checkbox"/> The Gill Corp. <input type="checkbox"/> Previously Applied <input type="checkbox"/> Previous Employee <input type="checkbox"/> NO				Reason for Leaving	
If yes, dates and position					

EMPLOYMENT INTERESTS AND AVAILABILITY

POSITION(S) APPLIED FOR		IF HIRED, DATE AVAILABLE	SHIFTS AVAILABLE <input type="checkbox"/> OPEN <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd 12 hour <input type="checkbox"/> AM <input type="checkbox"/> PM
If hired, will you work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO		How were you referred? <input type="checkbox"/> Walk In <input type="checkbox"/> Job Ad on:	
If hired, will you work weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Referred by (employee name):	
		<input type="checkbox"/> Other (explain):	

EDUCATION AND MILITARY SERVICE

	SCHOOL NAME	LOCATION (City, State, Zip)	DEGREE / AREA OF STUDY	No. of Years Attended	GRADUATED?
High School					<input type="checkbox"/> YES <input type="checkbox"/> NO
College/University					<input type="checkbox"/> YES <input type="checkbox"/> NO
Technical/Trade School / Other					<input type="checkbox"/> YES <input type="checkbox"/> NO
Other					<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you pursuing a course of study now? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, enter subject		Name and Location of institution			
Military Service Branch		Initial Rank	Final Rank	Honorable Discharge <input type="checkbox"/> YES <input type="checkbox"/> NO	
Major Duties			Service School		

SPECIAL SKILLS

PC Skills - indicate software used and years of experience.		Can you read blueprints? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List any equipment, machines or vehicles you have operated and years of experience.		Do you have a valid CA driver's license? (for driving positions only) <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Forklift Experience No. of Years: Certified? <input type="checkbox"/> YES <input type="checkbox"/> NO	
List any training, qualifications, special skills, tools, accomplishments, awards, certifications or job-related information and years of experience to be considered in job placement.			

EMPLOYMENT HISTORY

Please complete the last 10 years of employment history even if supplemented by resume. Continue onto an additional page if necessary.

Company/Agency Name (present or most recent)	Telephone # ()	From (month/year)	To (month/year)
Address		Most liked about this job	
Supervisor's Name (Agency Rep Name if applicable)		May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Least liked
Starting Job Title	Ending Job Title	Reason for leaving or considering a change at this time	
Job Duties			

Company/Agency Name	Telephone # ()	From (month/year)	To (month/year)
Address		Most liked about this job	
Supervisor's Name (and Agency Rep Name if applicable)		Least liked	
Starting Job Title	Ending Job Title	Reason for leaving	
Job Duties			

Company/Agency Name	Telephone # ()	From (month/year)	To (month/year)
Address		Most liked about this job	
Supervisor's Name (and Agency Rep Name if applicable)		Least liked	
Starting Job Title	Ending Job Title	Reason for leaving	
Job Duties			

Company/Agency Name	Telephone # ()	From (month/year)	To (month/year)
Address		Most liked about this job	
Supervisor's Name (and Agency Rep Name if applicable)		Least liked	
Starting Job Title	Ending Job Title	Reason for leaving	
Job Duties			

Please account for any period of unemployment (not employed) of 30 days or more during the past 7 years.			
Dates (From – To)	Reason	Dates (From – To)	Reason
Dates (From – To)	Reason	Dates (From – To)	Reason

PROFESSIONAL REFERENCES

List three previous managers, supervisors or business associates (other than relatives) who know your qualifications.

Full Name	Cell/Work Phone Number ()	Position & Work Relationship	Company Affiliations
Full Name	Cell/Work Phone Number ()	Position & Work Relationship	Company Affiliations
Full Name	Cell/Work Phone Number ()	Position & Work Relationship	Company Affiliations

APPLICANT AGREEMENT

Please read carefully and sign below.

I hereby certify that the answers given by me to the foregoing questions are true, complete and correct and hereby authorize The Gill Corporation to verify the same. I authorize my former employers, references and educational institutions to give any information they may have regarding me. I hereby release them and their organizations from all liability for any damage whatsoever for issuing the same. I understand that any offer of employment is contingent upon a satisfactory evaluation of my employment history, background and references and legal authority to work in the U.S. If upon investigation, anything in this application is either found to be untrue or omitted or materially misrepresented, I understand that I may not be hired by The Gill Corporation or may be subject to dismissal at any time during the period of employment, if hired. If employment is obtained under this application, in consideration for my employment, I agree I will comply with all orders, rules, regulations and policies of the Company, as they may be revised from time to time at the Company's discretion. I acknowledge and agree that, if hired, my employment is at-will, meaning it 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 understand that only the Company's President is authorized to change my employment-at-will status and such a change can only be done in writing. My signature below acknowledges I have read and understand the conditions and authorizations stated herein.

Applicant Name	Applicant Signature	Date	OFFICE USE
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THE GILL CORPORATION

**Voluntary Invitation to Self-Identify for Applicants
EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA**

The Gill Corporation, and its subsidiaries, are an Equal Opportunity/Affirmative Action Employer, and as such, is required by federal law to maintain and report certain information regarding its applicants and employees. These guidelines will be applied by the Equal Employment Opportunity Commission in the enforcement of title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972 (hereinafter "Title VII").

In order to comply with the law(s), you are **invited** to provide the following information **voluntarily**. This information will remain **CONFIDENTIAL** and will be used only for purposes allowed by law. Refusal to supply this information will not jeopardize or adversely affect any consideration you may receive for employment. When reported to the government, this data will not identify any specific individual.

If you believe you belong to any of the categories of qualified veterans listed on page two, please indicate by checking the appropriate box below. 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.

Section 1: General Information

First Name:	Middle Name:	Last Name:	Date: ____ / ____ / ____
Position(s) Applied For:			

Section 2: Please see second page for definitions

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino) <input type="checkbox"/> Decline to Self-Identify	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Self-identify	<input type="checkbox"/> I am NOT a qualified veteran <input type="checkbox"/> I identify as a qualified veteran <input type="checkbox"/> Decline to Self-Identify
**How did you hear about the job? (Please Check One Only)		
<input type="checkbox"/> State Employment Service <input type="checkbox"/> Employee Referral <input type="checkbox"/> Word of Mouth/Walk In <input type="checkbox"/> Company Website/Social Media <input type="checkbox"/> Job Fair: _____ <input type="checkbox"/> Rehire – was a previous employee <input type="checkbox"/> Temp/Staffing Agency <input type="checkbox"/> TGC Human Resources contacted me <input type="checkbox"/> Response to Internet Advertisement on: _____ <input type="checkbox"/> Other (please specify): _____		

The Gill Corporation provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disability Act and applicable state and local law. If you require an accommodation in the application process, please notify the Human Resources Department.

Signature: _____

For Human Resources Use only:

Visual Observation (if applicable)	Race: H / B / P / A / AI / T / Unk Gender: F / M / Unk	<u>Observer Initials:</u>
Application Date: / /		
Specify disposition for each position applied for Circle Employment Disposition(s): 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / M / O	<u>EEO Category:</u>	<u>Recruiter Initials:</u>
If (O) Other: _____		

THE GILL CORPORATION

*[**Editors note: According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis:*

(1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.

According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis:

1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for special disabled veterans.]

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

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.

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.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

QUALIFIED VETERAN:

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; or show citation box or a person who was discharged or released from active duty because of a service-connected disability.

A “recently separated veteran” means 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” means 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 Department of Defense.

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Qualified veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order 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 (VETS), toll-free, at 1-866-4-USA-DOL.

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
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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.