Application For Employment

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

• ALL APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS • ALL APPLICANTS MAY BE SUBJECT TO A BACKGROUND INVESTIGATION •

• PERSONAL INFORMATION •

Date	SSN:	Date of Birth:	Current Age:
Last Name:	First Name:	Middle Name:	
Current Address: (Street)			
City:	State:	Zip Code:	No. Years at Address:
Home Phone:	Cell Phone:		
Position Applied For: (1)			
Salary Desired: (Required for application to be considered):			
Employment Desired: ☐ FULL TIME ONLY	☐ PART TIME ONLY	☐ FULL OR PART TIME	
Date Available to Start:	Number of Hours Per Week Available:		
Days/ Hours Available:	☐ No Pref. ☐ Mon _____ ☐ Tues _____ ☐ Wed _____ ☐ Thurs _____ ☐ Fri _____ ☐ Sat _____ ☐ Sun _____		

• EMPLOYMENT HISTORY •

Please list your work experience for the past five (5) years beginning with your most current position.
If you were self-employed, give firm name.
Account for all periods of unemployment in the comments section.

Current Job Title:	From: to	
Employer Name:	Last Supervisor:	
Address: City/State/Zip:		
Phone:	Specific Reason for Leaving:	May we contact this employer?: ☐ Yes ☐ No
List Duties, Additional Positions Held, Promotions while at this company:		
Past Job Title 1:	From: to	
Employer Name:	Last Supervisor:	
Address: City/State/Zip:		
Phone:	Specific Reason for Leaving:	

Application For Employment

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

List Duties, Additional Positions Held, Promotions while at this company:		
Past Job Title 2:	From: to	
Employer Name:	Last Supervisor:	
Address: City/State/Zip:		
Phone:	Specific Reason for Leaving:	May we contact this employer?: ☐ Yes ☐ No
List Duties, Additional Positions Held, Promotions while at this company:		
Past Job Title 3:	From: to	
Employer Name:	Last Supervisor:	
Address: City/State/Zip:		
Phone:	Specific Reason for Leaving:	May we contact this employer?: ☐ Yes ☐ No
List Duties, Additional Positions Held, Promotions while at this company:		
Past Job Title 4:	From: to	
Employer Name:	Last Supervisor:	

Application For Employment

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Address: City/State/Zip:		
Phone:	Specific Reason for Leaving:	May we contact this employer?: ☐ Yes ☐ No
List Duties, Additional Positions Held, Promotions while at this company:		
Comments to explain periods of unemployment:		

• PROFESSIONAL REFERENCES •

Please list two references other than relatives or previous employers

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Phone Number:	Phone Number:

• EDUCATION •SKILLS •CERTIFICATIONS•

Type of School	School Name	Address	Major / Degree	Graduated Y/N
High School				☐ Y ☐ N
College				☐ Y ☐ N
College				☐ Y ☐ N
Bus / Trade School				☐ Y ☐ N
Prof. School				☐ Y ☐ N

Application For Employment

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Typing: ☐ Yes ☐ No WPM Word Processing: ☐ Yes ☐ No WPM 10-key: ☐ Yes ☐ No WPM	Certifications: (Check all that Apply) ☐ MCSE ☐ CNE ☐ CAN ☐ Lotus Notes ☐ CISSP ☐ Security+ ☐ CompTIA A+ ☐ Other:
Computer Experience: (Check all that Apply) ☐ Mac ☐ PC ☐ Sun ☐ NT Server ☐ AS400 ☐ Proliant ☐ Silicon Graphics ☐ Other:	Computer Programming: (Check all that Apply) ☐ C++ ☐ Oracle ☐ SQL ☐ Access ☐ Java ☐ Unix ☐ HTML ☐ Dbase ☐ Peoplesoft ☐ Lotus Notes ☐ Other:

Networking: ☐ Yes ☐ No (if yes, specific experience with)

☐ Novell ☐ Ethernet ☐ Cisco ☐ Windows NT

☐ Other:

Summarize additional information to describe your qualifications for the specific position for which you are applying that are not covered above:

• MILITARY EXPERIENCE •

Have you ever Served in the Armed Forces?: ☐ Yes ☐ No MOS _____ Date Entered: Date Discharged:	Are you now a member of the National Guard or Reserve? ☐ Yes ☐ No MOS _____ Date Entered: Date Discharged:
Did you complete this application yourself? ☐ Yes ☐ No	If not, who did?

How did you hear about this position? ☐ GTI Federal Website ☐ Advertisement

☐ Job Board Which one?

☐ Employee Referral Name

Application For Employment

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED EXCEPT SIGNATURE

• PLEASE READ CAREFULLY BEFORE SIGNING AND SUBMITTING YOUR APPLICATION •

1. I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal to hire and/or immediate termination of my employment.
2. I understand that neither the acceptance of this application, nor the subsequent entry into any type of employment relationship with GTI Federal, Inc. (GTI) creates an actual or implied contract of employment. I understand that if I accept employment with GTI, it will be on an at-will basis. This means that either GTI or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. If my employment is terminated, GTI is liable only for wages or salary earned as of the date of termination.
3. I agree to submit to drug and alcohol testing, if requested by GTI. I release GTI and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.
4. I authorize GTI to investigation information concerning my education, employment experiences and all other aspects of my background and relevant to my proposed employment. I release GTI and its employees from all liability arising from such investigation.
5. Any doctor, hospital or testing laboratory has my consent to conduct medical or drug test on me, and I hereby give my consent to having all information released for GTI to determine my abilities to perform job duties now or in the future.
6. I understand that GTI requires all staff to report sanction, convictions, suspensions, censures or revocation action taken against them by federal, state, local or other professional entities. These sanctions may include but not be limited to infractions against professional licensure, criminal history convictions, history of child abuse, managed care organization, etc.
7. This application is current and active for only six months. At the conclusion of this time, if I have not had any contact from GTI and still wish to be considered for employment, it will be necessary for me to complete a new employment application.
8. If employed, I understand that I must abide by GTI's policies and procedures.

I have read and agree to the above and hereby certify that the information I have provided in my employment application are true and complete.

Signature of Applicant: Date:

GTI Federal, Inc. is an equal employment opportunity employer.
We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability.