



**Employment Experience** Please complete all appropriate items, even if you have already provided us with a resume.

Please list your job history for the past seven years or last five employers, starting with your current or most recent position. Include any periods in which you were not employed and explain what you were doing during that time. Include U.S. military experience (show rank/rate at discharge), summer/part-time jobs, and cooperative education assignments.

Current Employer Name                      Street Address                                      City                      County                                      State                                      Zip Code

Employer Telephone (Include area code)		Starting Base Salary per	Final Base Salary per	Starting Position Title	Last Position Title
		\$ _____	\$ _____		
Starting Date	Leaving Date			Current Supervisor	Supervisor's Position
Mo.      Yr.	Mo.      Yr.				

Is your current work performance satisfactory: \_\_\_ Yes \_\_\_ No May we contact your present employer now? \_\_\_ Yes \_\_\_ No If no, when? \_\_\_\_\_  
 Explain reason for leaving: \_\_\_\_\_  
 Please describe your responsibilities and/or accomplishments \_\_\_\_\_

Employer Name                                      Street Address                                      City                      County                                      State                                      Zip Code

Employer Telephone (Include area code)		Starting Base Salary per	Final Base Salary per	Starting Position Title	Last Position Title
		\$ _____	\$ _____		
Starting Date	Leaving Date			Current Supervisor	Supervisor's Position
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Is your current work performance satisfactory: \_\_\_ Yes \_\_\_ No May we contact your present employer now? \_\_\_ Yes \_\_\_ No If no, when? \_\_\_\_\_  
 Explain reason for leaving: \_\_\_\_\_  
 Please describe your responsibilities and/or accomplishments \_\_\_\_\_

Employer Name                                      Street Address                                      City                      County                                      State                                      Zip Code

Employer Telephone (Include area code)		Starting Base Salary per	Final Base Salary per	Starting Position Title	Last Position Title
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Mo.      Yr.	Mo.      Yr.				

Is your current work performance satisfactory: \_\_\_ Yes \_\_\_ No May we contact your present employer now? \_\_\_ Yes \_\_\_ No If no, when? \_\_\_\_\_

Explain reason for leaving: \_\_\_\_\_  
Please describe your responsibilities and/or accomplishments \_\_\_\_\_

**References** Please list three or more employment related references.

Reference	Company	Phone No. – Indicate Work/Home	Relationship

**Affirmative Action Data**

As a federal contractor, GSS invites all handicapped persons, disabled veterans, and veterans of the Vietnam Era to identify themselves for affirmative action purposes. This information is voluntarily provided and will be used in accordance with Federal Regulations and GSS equal opportunity policy. Your providing this information will not adversely affect your being considered for employment. GSS makes reasonable accommodations to enable qualified handicapped individuals and disabled veterans to perform the job, and you are invited to suggest possible accommodations for consideration in this application.

\_\_\_\_\_ Handicapped                      \_\_\_\_\_ Disabled Veteran                      \_\_\_\_\_ Vietnam Veteran

Describe handicap or disability and suggested accommodations: \_\_\_\_\_

**Please read the following statements carefully, as they represent matters of importance to both you and GSS in connection with this application for employment.**

I understand and agree that:

1. The information that I have provided on this application is accurate to the best of my knowledge. Any misrepresentation or deliberate omission of any fact in my application, resume or any other materials will be justification for refusal of employment, or if employed, termination from GSS.
2. GSS may verify all of the information provided by me, including but not limited to education, employment, and the Security Data Sheet, or may procure to have prepared an investigative consumer report for this purpose.

I voluntarily authorize GSS to verify information related to my education, employment (with the exception of current employment, until I have authorized such contact), and Security Data Sheet and release from liability all persons or entities supplying or collecting such information.

3. As a part of the pr-employment process, a medical assessment/examination may be required. I further agree to provide access to previous medical records if required.
4. Although management attempts to accommodate individual circumstances, including religious observance requirements, business needs may at times make the following conditions required: overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and Sunday.
5. If employed, I will agree to protect GSS confidential information and not to disclose to GSS any information confidential to others. This agreement also sets forth the conditions under which I assign to GSS the entire right, title and interest in certain ideas, inventions and other intellectual property developed while in GSS' employment. (I understand that upon request I may obtain a blank copy of the agreement.)
6. I will apply for United States Government security clearance if required after employment.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# SECURITY DATA SHEET

<b>Applicant Last Name</b>	<b>First</b>	<b>Middle Initial</b>
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Please provide accurate and complete information in response to the following questions. This information will be taken into account in the employment process. Do not include in response to any of the questions below: arrests without convictions, convictions for minor traffic offenses, or convictions or incarcerations for which a record has been sealed or expunged. **Please note that a criminal record will not necessarily disqualify you from employment.**

1. In the last seven years, have you been convicted of or pleaded guilty to a crime or other offense?  
Include military service convictions or guilty pleas.  
  
\_\_\_ Yes \_\_\_ No
2. Are you currently on parole, probation, work release program, conditional release or serving a weekend sentence as a result of a conviction or guilty plea?  
  
\_\_\_ Yes \_\_\_ No
3. In the last seven years, have you been confined (incarcerated) as a result of the sentence of any court?  
(Include incarcerations resulting from the sentence of a military court or similar proceeding.)  
  
\_\_\_ Yes \_\_\_ No

**If you have answered "yes" to any of the above questions,** please provide the following information for each situation:

- a) The date, place of the offense and charge:  
\_\_\_\_\_  
\_\_\_\_\_
- b) The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction or guilty plea:  
\_\_\_\_\_  
\_\_\_\_\_
- c) If you have been in prison, the name and location of the facility or facilities in which you served your sentence:  
\_\_\_\_\_  
\_\_\_\_\_
- d) Any rehabilitative efforts:  
\_\_\_\_\_  
\_\_\_\_\_
- e) Any other information that you believe is pertinent to our full understanding of this matter:  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you presently under indictment or are you currently a defendant in any criminal proceeding?  
  
\_\_\_ Yes \_\_\_ No

**If you answered "yes,"** please provide the following information:

- a) The date and place of the occurrence leading to the indictment or pending charge, and the charge:  
\_\_\_\_\_  
\_\_\_\_\_
- b) Where and when a trial is scheduled in connection with the indictment or pending charge:  
\_\_\_\_\_  
\_\_\_\_\_

**Please read carefully before signing below:**

You are advised that GSS may request that a report be prepared to verify the information provided above. Your signature below authorizes GSS to obtain this report. Your signature further reflects your understanding that any misrepresentation or deliberate omission of a fact on the Security Data Sheet will justify terminating consideration of your application for employment, or if employed, terminating your employment.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_