

GC Associates USA

EMPLOYMENT APPLICATION

GC Associates USA does not discriminate in hiring or employment. Applicants will be considered without regard to race, color, religion, national origin, sex, marital status, age, disability, veteran status, or sexual orientation.

All requested information must be answered completely to be considered for employment with the Firm. An applicant may submit a resume with this application; however, it is not acceptable in lieu of this completed form. The enclosed signature gives GC Associates USA authorization to verify all information listed on this application.

Section I Personal Information

Name:

Last First M.I. SSN

Permanent Address:

Street: City: State Zip Code

Present Address:

Street: City: State Zip Code

Contact Numbers:

Phone Number Home Phone Number Business Phone Number Cell

Email:

Are you 18 Years of Age or Older? Yes No

Are you legally able to work in the U.S.? Yes No

Have you ever held a security clearance? Yes No Date (MM/YYYY)

What level? _____

Are You Subject to any Non-Compete, Confidentiality, or Trade Secret Obligation? Yes No

If Yes, Explain

Have you ever been convicted of a felony? Yes No If "Yes", When _____

List Name/Relationship of Relatives Working for GC Associates: _____

How did you hear about GC Associates? _____

Position Applying For? _____

Salary Requirements _____ Date Available (MM/DD/YY)

Section II Education

School or Institution	Location	From (MM/YYYY)	To (MM/YYYY)	Diploma Granted	Major	Degree

Professional Organizations/Associations (Positions Held) _____

Do you speak a foreign language? Yes No If "Yes" _____
Language(s)

Fluent? Yes No _____
Explain (Read, Write, Speak)

**Section III
Military Background**

Branch _____ Highest Rank Held _____ Present Status _____

Dates of Service (MM/YYYY)

From _____ To _____

Active Duty (MM/YYYY)

From _____ To _____

Reserve Duty (MM/YYYY)

From _____ To _____

Pay Plus Allowances

Start _____ End _____

Did you receive any training pertinent to the position(s) for which you are applying? If so, please describe:

**Section IV
Employment History**

Currently Employed? Yes No

Most Recent Place of Employment _____

Company Name/Phone No. _____

Type of Business: _____

Position or Title: _____

Address _____ City _____ State Zip Code _____

Street

Employed From

Month/Year

To

Month/Year

Reason for Leaving _____

Base Salary \$ _____
Start

Base Salary \$ _____
End

Additional Compensation \$ _____

Duties and Responsibilities _____

Immediate Supervisor _____

Name

Title

Most Recent Place of Employment _____

Company Name/Phone No. _____

Type of Business: _____

Position or Title: _____

Address _____

City _____

State

Zip Code _____

Employed From

Month/Year

To

Month/Year

Reason for Leaving _____

Base Salary \$ _____
Start

Base Salary \$ _____
End

Additional Compensation \$ _____

Duties and Responsibilities _____

Immediate Supervisor _____

Name

Title

Most Recent Place of Employment _____

 Company Name/Phone No. _____

Type of Business: _____ Position or Title: _____

Address _____ City _____ State Zip Code _____

Employed From To
 Month/Year Month/Year

Reason for Leaving _____

Base Salary \$ _____ Base Salary \$ _____ Additional Compensation \$ _____
 Start End

Duties and Responsibilities _____

Immediate Supervisor _____
 Name Title

Most Recent Place of Employment _____

 Company Name/Phone No. _____

Type of Business: _____ Position or Title: _____

Address _____ City _____ State Zip Code _____

Employed From To
 Month/Year Month/Year

Reason for Leaving _____

Base Salary \$ _____ Base Salary \$ _____ Additional Compensation \$ _____
 Start End

Duties and Responsibilities _____

Immediate Supervisor _____

Name

Title

Section V Additional Information

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Please include any information on any publications, patents, patent applications, trademarks, copyrights, or licenses which you are able to disclose. List appropriate honors and awards received.

Professional References - At Least 2 Immediate Supervisors

Name	Company & Title	Years Known	Relationship	Telephone Number

Permission is Granted to Contact the Above References Other Than Current Employer? Yes No

If "No" to Any Specify Which: _____

Permission is Granted to Contact Current Employer? Yes No

I understand that in order to achieve uniformity and to comply with Firm policy, the Firm's offers of employment are limited to those contained in written offer letters to prospective employees. I also understand that any verbal discussions of terms or conditions of employment by Firm representatives are not binding upon the Firm unless confirmed in such offer letters.

I understand that should I be employed by the Firm, I will be required in accordance with the Immigration Reform and Control Act of 1986 (IRCA), to provide, on my first day of employment, documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment and that failure to comply will void my offer of employment.

I also understand that if I am employed by the Firm, my employment is "at will." This means that either party may end the relationship at any time, with or without notice. There is not promise or guarantee that my employment will continue for any specified period of time.

If I am employed as a result of this application, I will comply with all orders, rules, and regulations of the Firm. I authorize the companies, schools, and people named in this application to give GC Associates USA any requested information about my employment or education and release them from liability for damages for giving this information.

I have read and understand the provisions outlines above and affirm that the information contained in this application is complete and true and that I have not omitted any information of consequence. I understand that, if employed, any false statements may be considered sufficient cause for dismissal.

Signature of Applicant

Date