

APPLICATION FOR EMPLOYMENT

PROFESSIONAL POSITIONS—NON SALES

G² SOFTWARE SYSTEMS, INC. IS AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS.

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

1. PERSONAL INFORMATION				
NAME (LAST, FIRST)			(MIDDLE INITIAL)	
STREET ADDRESS		CITY	STATE, ZIP	
HOME TEL. NO.	CELL TEL. NO.		EMAIL ADDRESS	
2. CURRENT EMPLOYER				
COMPANY NAME		STREET ADDRESS		STATE, ZIP
CITY				
POSITION TITLE				
DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, PLEASE EXPLAIN	
HAVE YOU EVER BEEN CONVICTED OF A CRIME: <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, PLEASE EXPLAIN	
TYPE OF POSITION/ FUNCTION DESIRED		ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. PERSONAL/BUSINESS REFERENCES				
NAME	OCCUPATION	ADDRESS	PHONE	
4. COLLEGE DEGREE INFORMATION				
<input type="checkbox"/> Associates; Major:	<input type="checkbox"/> Bachelors; Major:	<input type="checkbox"/> Masters; Major:	<input type="checkbox"/> PhD; Major:	<input type="checkbox"/> Other:

5. PLEASE SUBMIT A RESUME WITH WORK EXPERIENCE AND EDUCATION HISTORY.

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, G² Software Systems, Inc. or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. I have noted that G² Software Systems, Inc. is an Equal Opportunity Employer and ad applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Age, National origin, Disability, or Veteran Status. I realize that if I am hired, G² Software Systems, Inc. reserves the right to terminate my employment whenever the need arises.

APPLICANT SIGNATURE

DATE

**DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION
G² SOFTWARE SYSTEMS INC.**

As an applicant for employment, I hereby authorize G2 SOFTWARE SYSTEMS, INC. to conduct a limited background investigation of my personal history. I understand this investigation may include my work history, personal financial status and credit history, criminal conviction records, pending trials, driving records, and references obtained from professional and personal associates. If I am denied employment, either wholly or partly because of information contained in the report, G2 SOFTWARE SYSTEMS, INC. will tell me so.

I hereby fully release G2 SOFTWARE SYSTEMS, INC., and its employees, directors, agents, successors and assigns, and all other parties involved in conducting this background investigation, including but not limited to G2 SOFTWARE SYSTEMS, INC. and those companies or individuals who provide information concerning me, from all claims or actions for any liability whatsoever related to this process.

I also certify that all representations made by me, and all information that I have provided, are true and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts, or my providing of false information, will exclude me from further consideration as an applicant. It may result in the termination of my employment if I am hired by G2 SOFTWARE SYSTEMS, INC. before their discovery of the misrepresentation, omission or falsity.

I understand that this Authorization and Release is not an offer for employment, nor is it a contract for employment with G² SOFTWARE SYSTEMS INC.

(Dated) (Applicant Signature) (Print Name)

Yes, I wish to receive a copy of any credit report requested about me by G² SOFTWARE SYSTEMS INC.

Received by G² SOFTWARE SYSTEMS INC.:

(Dated) (Company Representative Signature) (Print Name and Title)

Please Provide Source:	DoD Clearance Held <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> G2 Website <input type="checkbox"/> Craigslist <input type="checkbox"/> Dice	If yes, date Clearance was issued: _____
<input type="checkbox"/> Cal Jobs <input type="checkbox"/> LinkedIn	Citizenship _____
<input type="checkbox"/> Other _____	U.S. Born <input type="checkbox"/> or <input type="checkbox"/> Naturalized
<input type="checkbox"/> Referred by _____	

Date _____

EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION STATISTICS

As a Federal Contractor we are required to solicit the following voluntary information from you and ask that you return this form to us. You are not required to answer any of the questions and whether or not you complete the questions does not affect your present or future employment.

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____

GENDER

Check One: Male Female I prefer not to answer this question.

ETHNICITY AND RACE

Check One: Hispanic or Latino Not Hispanic or Latino I prefer not to answer this question.

* Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. This does not include persons of Portuguese decent or persons from Central or South America who are not of Spanish origin or culture.

If you are not Hispanic or Latino, please specify your race by checking one or more of the boxes below:

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.

I prefer not to answer this question.

PROTECTED VETERAN

This employer 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; and (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; 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.

Protected 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.

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 in order 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 VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I PREFER NOT TO ANSWER THIS QUESTION

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
Expires 1/31/2017
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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.