APPLICATION FOR EMPLOYMENT

G2 Software Systems, Inc is an equal opportunity employer. We are committed to creating an inclusive and diverse workplace that values and respects the unique contributions of each individual. We do not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, or any other protected status under applicable laws. We are committed to ensuring that all individuals have an equal opportunity to apply and be considered for employment with our organization and strive to provide a barrier-free and accessible recruitment process to candidates with disabilities in accordance with disability legislation. If you require accommodation during the application or interview process, please inform us of your needs by contacting our Human Resources team by email at hr@g2ss.com or by phone by calling 619-222-8025 x133.

G2 does business with the Federal Government. The Federal Government requires, for security purposes, that all employees are U.S. citizens and either have obtained or are able to obtain/retain a DoD clearance.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer the questions on this application.

PERSONAL DATA		
Name (last, first, middle)		
Street Address and/or Mailing Address		
City	**State**	**Zip**
Mobile Number	**Home Number**	
Email		
Are you authorized to work in the U.S.? ☐Y ☐N	**Are you a U.S. Citizen *(All employees must be U.S. Citizens with the ability to obtain/retain a DoD clearance)*?** ☐Y ☐N	
Are you willing to relocate? ☐Y ☐N	**Please provide the Req# you are applying for**	**Source** **If other, describe**

EDUCATION		
	Name of Institution	**Degree Received** *(BS, MBA, PHD)*
High School		

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College or University		
College or University		
College or University		

PROFESSIONAL HISTORY		
Job Title	**Start Date** *(mm/dd/yyyy)*	**End Date** *(mm/dd/yyyy)*
Company Name	**City, State, Zip**	
May we contact? ☐Y ☐N		
Job Title	**Start Date** *(mm/dd/yyyy)*	**End Date** *(mm/dd/yyyy)*
Company Name	**City, State, Zip**	
May we contact? ☐Y ☐N		
Job Title	**Start Date** *(mm/dd/yyyy)*	**End Date** *(mm/dd/yyyy)*
Company Name	**City, State, Zip**	
May we contact? ☐Y ☐N		
Job Title	**Start Date** *(mm/dd/yyyy)*	**End Date** *(mm/dd/yyyy)*
Company Name	**City, State, Zip**	
May we contact? ☐Y ☐N		

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REFERENCES

Please provide the names and contact information for at least three professional references who can speak to your qualifications and work experience. We will contact these references only with your consent.

Name	Relationship	Company
Phone Number	**Email Address**	
Name	**Relationship**	**Company**
Phone Number	**Email Address**	
Name	**Relationship**	**Company**
Phone Number	**Email Address**	

Certification

By signing this application, I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts may disqualify me from consideration for employment or, if hired, may result in termination. I authorize G2 Software Systems, Inc (the Company) to make an investigation of any of the facts set forth in this application. Further, the Company, or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment. I consent to all investigations and verifications and release the Company from any liability or damage.

I acknowledge that the Company may conduct a background check as part of the employment process. I understand that the scope of this background check may include verification of my employment history, educational credentials, criminal record, and other relevant information.

Print Name

Signature   Date

Voluntary Self-Identification of Disability

Name: _____ Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes

- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports

- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

☐ Yes, I have a disability, or have had one in the past

☐ No, I do not have a disability and have not had one in the past

☐ I do not want to answer

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.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.
For example:
Job Title: _____ Date of Hire: _____

VOLUNTARY SELF-IDENTIFICATION FORM FOR EMPLOYMENT APPLICANTS

Invitation to Self-Identify: Veteran, Gender, and Race (VEVRAA & EO 11246)

G2 Software Systems is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. If you choose not to self-identify at this time, the federal government requires G2 Software Systems to determine this information by visual survey and/or other available information.

Self-Identification Gender and Race

Gender   ☐Male   ☐Female   ☐Non-binary

Race or Ethnicity (select one)

☐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 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 Alaskan 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 races.

Self-Identification Veteran

As a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) of 1974, G2 Software Systems is required to submit a report to the U.S. Department of Labor each year identifying the number of protected veterans who were newly hired, as well

as the number of protected veterans who were employed. If you believe you belong to any of the categories of protected veterans listed below, please indicate so by checking the appropriate box.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the VEVRAA, as amended.

Veteran Status**

☐I am a protected veteran

☐I am NOT a protected veteran

☐I do not wish to self-identify

Print Name

Signature   Date