

APPLICATION FOR EMPLOYMENT

G2 Software Systems, Inc is an equal opportunity employer. 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.

* Required Field

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.?*		Are you a U.S. Citizen (<i>All employees must be U.S. Citizens with the ability to obtain/retain a DoD clearance</i>)?*		
<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N		
Are you willing to relocate?*	Please provide the Req# and Job Title you are applying for		Source	If Other Source, describe
<input type="checkbox"/> Y <input type="checkbox"/> N				
Referred By:				
EDUCATION*				
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Bachelors; Major:	<input type="checkbox"/> Masters; Major:	<input type="checkbox"/> PhD; Major:	<input type="checkbox"/> Other:
Date Received:	Date Received:	Date Received:	Date Received:	Date Received:

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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

VOLUNTARY SELF IDENTIFICATION

Veteran Status <input type="checkbox"/> I am a protected veteran <input type="checkbox"/> I am NOT a protected veteran <input type="checkbox"/> I do not wish to self-identify	Self-Identification of Disability <input type="checkbox"/> Yes, I have a disability, or have had one in the past <input type="checkbox"/> No, I do not have a disability and have not had one in the past <input type="checkbox"/> I do not want to answer	Self-Identification Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to disclose
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Race or Ethnicity

☐ 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.

☐ Do Not Wish to Disclose

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. I acknowledge and consent that the Company or its agents may conduct a background check. 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 _____

* Required Field