



APPLICANT INFORMATION

CONTACT INFORMATION

Name (Full – Last, First, MI)		Today's Date	
Street Address	City	State	Zip
Home Phone	Mobile Phone	Email	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you provide proof of eligibility to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required before you can be employed.)		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		How did you hear about this job opening? <input type="checkbox"/> Social Media <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> Other _____	
Shift Preference (check all that apply): <input type="checkbox"/> First Shift <input type="checkbox"/> Overtime <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> Weekends		Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when?	
Position of interest:		Desired Pay:	

EDUCATION

High School:	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Area of Study?
Additional Education:	Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Area of Study?

EMPLOYMENT HISTORY

(START WITH PRESENT OR MOST RECENT EMPLOYER)

Title	Company	Start Date	End Date
City	State	Current Pay	
Reason for Leaving			

Title	Company	Start Date	End Date
City	State	Current Pay	
Reason for Leaving			

Title	Company	Start Date	End Date
City	State	Current Pay	
Reason for Leaving			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
Minority/Female/Veteran/Disabled



JOB APPLICANT'S AGREEMENT AND CERTIFICATION

General Tool Company is an equal Employment Opportunity Employer-Minority/Female/Veteran/Disability. Qualified applicants are considered for positions without regard to race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, marital, protected veteran status, disability, genetic information or any other legally protected status. Qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors.

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without reason, and with or without notice at any time.
- I understand that this application will be kept on file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information or significant omissions on either this application or during the pre-employment process will result in my application being rejected, or, may be cause for subsequent dismissal if I am hired.
- I also understand that any offer of employment is conditioned on pre-employment procedures, which may include a background check, tests and documentation. I will, upon request, sign all necessary consent and authorization and release forms. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I authorize any third party organization to perform a consumer report and background investigation. I also authorize and consent any companies, schools or persons listed on this application (or accompanying resume) to give any information regarding my employment, qualifications and character to General Tool Company. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.
- I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.
- I understand that I will be required to take a drug/alcohol test as a condition of employment or at any time during employment. I may also be required to take and pass a physical exam if I am selected for employment and before beginning employment.
- I agree that any claim or lawsuit relating to my service with General Tool Company must be filed no more than twelve (12) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.
- ITAR Statement: All positions at General Tool Company require access to information or technology that is subject to the International Traffic in Arms Regulations (ITAR) and other US government security regulations. These laws do not permit access rights to non-US Citizens or to other unauthorized individuals. Therefore, presently, to be considered for an open position, all candidates must be US Citizens or US Permanent Residents (green card holders) and/or otherwise comply with ITAR requirements for access rights.
- I have read and understand the contents of this employment application and am fully able and competent to complete it.

Print Name:

Signature:

Date:

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

General Tool Company is an equal opportunity employer that is committed to a program of recruitment of females, minority group members, individuals with disabilities, and qualifying veterans. In order to comply with governmental reporting requirements, we request that you supply the information below. This information is voluntary and will in no way effect the processing of your application or your consideration for employment. This form should be submitted with the employment application, but will be processed separately and used for statistical purposes only. Please fill in the information requested and check all items that apply to you. Thank you for your cooperation.

DATE: _____ APPLICANT'S NAME: _____	
POSITION APPLIED FOR: _____	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Hispanic or Latino If not Hispanic or Latino: <input type="checkbox"/> White (Not Hispanic or Latino) <input type="checkbox"/> Black or African American (Not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) <input type="checkbox"/> Asian (Not Hispanic or Latino) <input type="checkbox"/> Native Indian or Alaskan Native (Not Hispanic or Latino) <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	<p>Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race</p> <p>Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p>Persons having origins in any of the black racial groups of Africa.</p> <p>Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>Persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam</p> <p>Persons having origins in any of the original peoples of North and South America, (including Central America) and who maintain tribal affiliation or community recognition.</p> <p>All Persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.</p>
<input type="checkbox"/> I identify as one or more of the classifications of Protected Veteran listed on Page Two <input type="checkbox"/> I am not a Protected Veteran	

General Tool Company 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. 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 on Page 1. 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.

Voluntary Self-Identification of Disability

Form CC-305 OMB
Control Number 1250-0005
Expires 1/31/2020

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 disabilities¹. 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 Deafness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Cancer
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Diabetes
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Epilepsy
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Blindness Deafness
- Muscular dystrophy
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)

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

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.

¹Section 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.