



APPLICATION FOR EMPLOYMENT
PROFESSIONAL POSITIONS—NON SALES

G²SOFTWARE SYSTEMS, INC. IS AN EQUAL OPPORTUNITY 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 _____	CITY _____	STATE, ZIP _____, _____
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. EQUAL OPPORTUNITY			
In accordance with Chapter 60 - 2 of the Code of Federal Regulations, and 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.			
<input type="checkbox"/> I Prefer Not To Answer Any of these Questions.		APPLICANT SIGNATURE _____	DATE _____
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
PLEASE CHECK ONLY ONE			
<input type="checkbox"/> White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="checkbox"/> Black or African American – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”	<input type="checkbox"/> Asian – 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 or other Pacific Islands.	<input type="checkbox"/> Native Hawaiian/Asian Pacific Islander
<input type="checkbox"/> American Indian or Alaskan Native – A person having origins in any of the original peoples of North America.	<input type="checkbox"/> Hispanic or Latino – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.	<input type="checkbox"/> Hispanic White _____ <input type="checkbox"/> Hispanic Other _____	<input type="checkbox"/> Two or more Races _____

PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> Veteran of the Vietnam-Era: (1) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases.	<input type="checkbox"/> Other Veteran: Other veteran is specified as a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. A complete list of campaigns can be seen on the attached pages.	<input type="checkbox"/> Special Disabled Veteran: (1) a veteran 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 Department of Veterans Affairs for a disability (I) rated at 30 percent of more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or (2) a veteran who was discharged or released from active duty because of a service-connected disability.
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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)