



CGI Technical Services, Inc.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

AN EQUAL OPPORTUNITY EMPLOYER: It is the policy of CGI Technical Services, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST	
PRESENT ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		

POSITION INFORMATION

Position Applying For: _____ Referral Source: _____

Advertisement (specify): _____ Placement Firm (firm name): _____

School Placement Office (school name): _____ Other: _____

Are You Willing to Work Any Shift, Including Nights and Weekends? _____

How Soon Following Notification Can You Report to Work? _____ Are You Willing To Relocate? _____

Have You Ever Been Employed By CGI? _____ If So, When: _____ Position: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? _____

(Proof will be required for verification upon employment)

EMPLOYMENT HISTORY:

IMPORTANT - Starting With Your Present Or Most Recent Employer, List In Consecutive Order ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT Since You Graduated From Or Last Attended High School. Additional Employment May Be Listed On A Separate Sheet If Necessary.

PRESENT OR MOST RECENT EMPLOYER

NAME OF COMPANY PHONE

STREET ADDRESS CITY STATE ZIP CODE

DATES OF EMPLOYMENT POSITION SALARY/WAGE

SUPERVISOR REASON FOR LEAVING

JOB DUTIES

PREVIOUS EMPLOYER

NAME OF COMPANY PHONE

STREET ADDRESS CITY STATE ZIP CODE

DATES OF EMPLOYMENT POSITION SALARY/WAGE

SUPERVISOR REASON FOR LEAVING

JOB DUTIES

PREVIOUS EMPLOYER

NAME OF COMPANY PHONE

STREET ADDRESS CITY STATE ZIP CODE

DATES OF EMPLOYMENT POSITION SALARY/WAGE

SUPERVISOR REASON FOR LEAVING

JOB DUTIES

OTHER EMPLOYMENT

Are There Any Periods of Unemployment And/Or Part-Time Employment Since You Graduated Or Last Attended High School Which Are Not Listed Above Or On A Separate Sheet? _____

If Yes, Please Explain:

Have You Ever Been Suspended, Placed on Probation, Asked To Resign, Discharged Or Terminated? _____

If Yes, Please Explain:

EDUCATION

Name of School	Attended (from/to)	Graduated	Degree

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

ADDITIONAL QUALIFICATIONS AND BACKGROUND INFORMATION

List all registrations, certifications, or licenses related to the work for which you are applying.

Registration, Certification, or License Number	State issued/Area of expertise	Expiration Date

MISCELLANEOUS INFORMATION

Do You Have A Valid Driver's License? _____ Driver's License Number/State/Expiration Date: _____

MILITARY SERVICE AND STATUS:

Branch Of Service (If None, State None): _____

PLEASE NOTE: If Hired, Please Provide A Copy of Your DD Form 214 Upon Hire.

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I **ALSO AUTHORIZE AND REQUEST** each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at any time, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the President of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

Signature _____ Date _____