



APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for employment without regard to race, color, religion, sex, or sexual orientation, national origin, age, marital or veteran status, mental or physical disability or any other reason prohibited by law. Gulf Coast Shelter will make every effort to meet a request for disability accommodation to participate in our application process.

GENERAL INFORMATION

It is important to complete all sections of this application thoroughly and accurately.

Date _____

Name _____
Last First Middle

Address _____
City State Zip

Telephone _____
Home Work Cell

Email Address _____

Position you are applying for: _____

What led you to apply at? Employee _____ Professional Org. _____
Paper _____ College _____
Internet _____ GCS Website _____
Where _____ Other _____

Are you eligible to work in the United States? _____

Have you applied to GCS for employment before? _____ When? _____

EDUCATION

Do you have a high school degree or equivalent? _____ Where? _____

	Name	Location	Course of Study/Degree	From – To (mo-yr)
Undergraduate College or University				
Post Graduate College or University				
Vocation or Technical Training				
Other				
Other				

List any skills or qualifications that relates to the position for which you are applying, including computer skills.

ACTIVITIES AND ACHIEVEMENTS

Please list any outside interests, professional memberships, etc. that may relate to the position for which you are applying.

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held. Provide all necessary information.

Employer _____ City/State _____ Type of Business _____
Phone (w/ area code) _____ Your Title _____
Supervisor's Name _____ Title _____
From (mo & yr.) _____ To (mo & yr.) _____
Starting Salary _____ Ending Salary _____
Major Duties _____
Reasons for leaving _____
May we contact? _____

Employer _____ City/State _____ Type of Business _____
Phone (w/ area code) _____ Your Title _____
Supervisor's Name _____ Title _____
From (mo & yr.) _____ To (mo & yr.) _____
Starting Salary _____ Ending Salary _____
Major Duties _____
Reasons for leaving _____
May we contact? _____

Employer _____ City/State _____ Type of Business _____
Phone (w/ area code) _____ Your Title _____
Supervisor's Name _____ Title _____
From (mo & yr.) _____ To (mo & yr.) _____
Starting Salary _____ Ending Salary _____
Major Duties _____
Reasons for leaving _____
May we contact? _____

Employer _____ City/State _____ Type of Business _____
Phone (w/ area code) _____ Your Title _____
Supervisor's Name _____ Title _____
From (mo & yr.) _____ To (mo & yr.) _____
Starting Salary _____ Ending Salary _____
Major Duties _____
Reasons for leaving _____
May we contact? _____

WORK EXPERIENCE – Continued

What are your short term career goals (less than 3 yrs.) _____

Current Salary Requirements _____

What is the highest annual earnings you ever expect to make? _____

What work has been most interesting to you? _____

Why? _____

PROFESSIONAL REFERENCES

Please list three people with whom you have worked.

Name	Company	Work Relationship

Please read carefully before signing this application:

I certify that all questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or for discharge if hired.

I understand that if hired, I will be an “at-will” employee and agree that the employment relationship can be terminated at any time, for any reason, with or without notice, with or without cause, by me or by Shelter Products, Inc. I will comply with all work-related requirements set forth by Shelter Products, Inc. Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between Shelter Products, Inc. and myself.

I authorize Shelter Products, Inc. to confirm information provided in this application. I release from all liability or responsibility Shelter Products, Inc. and all persons, companies or corporations providing information to Shelter Products, Inc. about me.

I understand that a requirement for employment with Shelter Products, Inc. is the successful completion of drug testing. I understand that this testing is for the presence of illegal drugs, legal drugs and other substances which might adversely affect job performance. I also understand that I will be subject to future drug and alcohol tests pursuant to the policies of Shelter Products, Inc.

I understand that no manager or representative, other than the President, has any authority to enter into an agreement of employment for any specified period of time or contract to the above terms or to alter the above conditions of employment.

Applicant’s Signature _____ Date _____

Affirmative Action Self Identification

Federal regulations require our organization to collect this information. Completion of this data is voluntary and will not affect your opportunity for employment. If you decline to identify by ethnicity, race or gender, please indicate that by checking the box below and fill in the Job Title and Requisition No. only.

I decline

Name: _____ Date: _____

Job Title: _____ Requisition No. : _____

GENDER (Please check one of the options below):

_____ Male

_____ Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ **Hispanic or Latino**

___ **White**

___ **Black or African American**

___ **Native Hawaiian or Other Pacific Islander**

___ **Asian (Not Hispanic or Latino)**

___ **American Indian or Alaska Native**

___ **Two or More Races**

Thank you for your participation.

Invitation to Self-Identify as a Protected Veteran

This employer 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. These classifications are defined as follows:

1. 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.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. 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.

I identify as one or more of the classifications of protected veteran listed above

- I am a protected veteran**
 I am NOT a protected veteran
 I don't wish to answer

3. 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 not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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 disabilities.¹ 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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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

Voluntary Self-Identification of Disability

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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.

ⁱ Section 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.