



A Woman
Owned Small
Business

GEMINI EMPLOYMENT APPLICATION

For consideration, answer completely and accurately. Do not reference resume. If you require accommodation to complete the application process due to a disability, please let us know what accommodation you require.

Date: _____ Name (Print) _____
First Middle Last

Present Address:

Street, City, County, State, Zip _____

Phone No _____ Cell _____ Email _____

Have you previously applied to Gemini? YES ____ NO ____ If "Yes" please give date _____

Do you presently have any relatives working for Gemini? YES ____ NO ____

If "YES" name and relationship of relatives working for Gemini:

How were you referred to Gemini? Please be specific:

Gemini Website: _____
Advertisement: _____ Specify Media/date: _____
Job Fair: _____ Specify Fair/date: _____
Job Board: _____ Specify Board/date: _____
Employee Referral: _____ Specify Referring Employee: _____
Employment Agency: _____ Specify Agency/date: _____
Was contacted by Gemini: _____ Specify Contacting Employee: _____
Other: _____ Specify: _____

- 1) Are you legally authorized to work in the U.S.? YES ____ NO ____
- 2) Are you under 18? YES ____ NO ____
- 3) Have you ever been convicted of a felony? YES ____ NO ____ If "Yes", list all felony convictions, giving brief description, including date, place, and charge.

- 4) Are you able to travel as part of the job: YES ____ NO ____ SOME ____
- 5) Are you able to work overtime if required: YES ____ NO ____ SOME ____
- 6) Will you relocate if job requires it? YES ____ NO ____

7) EDUCATION AND TRAINING

Evidence of degree required. Must be provided within two (2) weeks of this application or date of hire, whichever comes first.

Education Level	Name/Location	Dates Attended	No of Years	Major	Degree/Diploma Received	GPA
High School						
Junior College						
College/University						
Graduate School						
Trade/Vocational School						
Scholastic Awards/Distinctions						

8) TECHNICAL SKILLS (For example: Programming languages, Authoring Packages, Business Applications, Processes, etc.)

9) MILITARY SERVICE

Have you served in the U.S. Armed Forces? YES ____ NO ____ If YES, please specify

Dates: From _____ to _____ Honorable Discharge? YES ____ NO ____

Branch _____ Final Rank _____ Field/Specialization _____

10) TYPE OF WORK DESIRED

Position Applied for _____

Minimum Desired Annual Salary _____ Is amount negotiable? YES ____ NO ____

Date Available _____

11) EMPLOYMENT REFERENCES

- a) Please list below at least three (3) Professional (or Academic) references that have direct knowledge of your skills and abilities. Indicate in the "Relationship" section what working relationship you have or had with the individual (manager, co-worker, customer, user, etc.).

Name:			
Title:			
Company:			
Address:			
Phone No:			
Relationship:			

- b) List all employment in chronological order without eliminating any employer, starting with present or last employer first. Please list any military service as employment. Complete this section even if you are supplying a resume. If you need additional space, please attach a separate sheet of paper.

Employer:		Job Title/Position:
Address:		Immediate Supervisor's Name/Title:
Phone No:		Phone Number:
From (M/Y):	To (M/Y):	Brief Description of Duties/Accomplishments:
Start \$:	Final \$:	
Reason for Leaving:		
Employer:		Job Title/Position:
Address:		Immediate Supervisor's Name/Title:
Phone No:		Phone Number:
From (M/Y):	To (M/Y):	Brief Description of Duties/Accomplishments:
Start \$:	Final \$:	
Reason for Leaving:		
Employer:		Job Title/Position:
Address:		Immediate Supervisor's Name/Title:
Phone No:		Phone Number:
From (M/Y):	To (M/Y):	Brief Description of Duties/Accomplishments:
Start \$:	Final \$:	
Reason for Leaving:		
Employer:		Job Title/Position:
Address:		Immediate Supervisor's Name/Title:
Phone No:		Phone Number:
From (M/Y):	To (M/Y):	Brief Description of Duties/Accomplishments:
Start \$:	Final \$:	
Reason for Leaving:		

- c) **Additional Employment:** (Include graduate assistantships and temporary, part-time, and summer employment)
Note: Applicants are encouraged to include verifiable prior work experience performed on a volunteer basis.

Name/Address of Employer	From	To	Job Title/Duties	Reason for Leaving

- d) List any other special courses, training or certifications you have completed and any professional/trade groups or organizations to which you belong that you consider relevant to your ability to perform the job for which you applied:

12) **OTHER CONSIDERATIONS**

List anything else you feel you bring to Gemini that should be considered; for example, work habits, innovations, communications skills, etc.

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

It is the policy of Gemini Technologies, Inc. to engage in management practices including, but not limited to, recruitment, selection, job assignment, transfer, promotion/demotion, layoff, return from layoff, discipline including termination, training assignments and other educational opportunities, social and recreational programs, compensation and benefit practices, and subcontracting of goods and services without unlawful discrimination on the basis of race, color, religion, creed, sex, affectional or sexual orientation, nation origin, nationality, citizenship, ancestry, marital status, atypical hereditary cellular or blood trait, age, handicap, disability, liability for service in the Armed Forces of the U.S., and/or U.S. veteran status.

It is the policy of Gemini Technologies, Inc. to provide an environment for each job applicant and employee that is free from sexual harassment, as well as harassment and intimidation on account of an individual's race, color, religion, creed, sex, affectional or sexual orientation, nation origin, nationality, citizenship, ancestry, marital status, atypical hereditary cellular or blood trait, age, handicap, disability, liability for service in the Armed Forces of the U.S., and/or U.S. veteran status.

- 1) Regardless of whether or not I become employed by Gemini, I recognize and agree that this application is not and should not be considered as a contract of employment. I understand that my employment at Gemini is “at-will”. This means that either the company or I can terminate my employment for any reason, with or without cause, and with or without notice, at any time. I further understand that no Gemini employee or representative has the authority to enter into a contract regarding duration or terms and conditions of Gemini employment other than an officer of Gemini and then only by means of a signed written document.
- 2) I authorize Gemini to contact any or all of my former employers or any of the references I have supplied to Gemini for the purpose of verifying any information including salary that I have provided, and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment with any former employer, except as noted below:

(If none, write “None”.) _____

I authorize Gemini to verify the education information I have provided on this application and on my résumé.

I understand that any employment offer is contingent upon signing Gemini Employee Proprietary Information and Innovation Agreement and a Conflict of Interest Statement upon hire. Copies of these documents are available for my examination upon request. (You are encouraged to request and read these documents upon making application, and if deemed necessary, to consult an attorney regarding this application and/or content of this document).

I understand that any offer of employment is also contingent upon my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States. If hired, I understand I must furnish the required documents within three business days of the date of hire.

I understand that in the event that I am required to travel on Gemini business, it will be my responsibility to pay for travel expenses by charging them to my own personal credit card. Gemini will reimburse me for my travel expenses in accordance with company policies.

I understand that as a Gemini employee, I may be working on contracts with governmental agencies. Certain government contracts may require me to be subject to a background investigation or a security clearance, and also to be fingerprinted. Should I be required to complete a questionnaire for a background investigation or an application for a security clearance, I understand that the application will be used solely as the basis for the clearance or the background investigation.

I hereby affirm that the information provided on this application (and accompanying resume and/or other accompanying documents) is true and complete to the best of my knowledge. I agree that any falsified or misrepresented information, any misinformation, or any significant omissions may disqualify me from further consideration, and if I am hired, may be considered justification for discharge upon discovery.

Signature

Date

Your Interest in Employment with Gemini Technologies, Inc. is sincerely appreciated



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Equal Employment Opportunity/ Affirmative Action Pre-Offer Voluntary Self-Identification Information

Gemini Technologies, Inc. is an EEO/Affirmative Action Employer

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran status, and all other characteristics protected by law. We also comply with all applicable laws including E.O. 11246 and the Vietnam Era Readjustment Assistance Act of 1974 governing employment practices and do not discriminate on the basis of any unlawful criteria. As a federal government contractor, we take affirmative action on behalf of protected veterans.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, which may apply, we invite you to complete this applicant data survey. Failure to provide information will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position applying for

Date

APPLICANT INFORMATION

Name: _____

Address: _____

Home Phone: _____

Business phone/Cell phone: _____

ETHNICITY/RACE CATEGORIES

ETHNICITY/RACE: (identify **one or more** race categories)(definitions on the back)

- Hispanic or Latino or identify a race listed below
- White (not Hispanic or Latino) Black or African American (not Hispanic or Latino) Asian (not Hispanic or Latino)
- Native Hawaii or Other Pacific Islander (not Hispanic or Latino) American Indian or Alaska Native (not Hispanic or Latino) Two or more races (not Hispanic or Latino)
- Do not wish to identify

GENDER CATEGORIES

- Male Female Do Not Wish to Identify

PROTECTED VETERAN CATEGORIES

Protected Veteran Not a Protected Veteran Do Not Wish to Identify

DEFINITIONS

ETHNICITY/RACE CATEGORY DESCRIPTIONS:

Hispanic or Latino includes a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) includes a person having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) includes a person have 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) includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) 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 Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.

Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran includes 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.

Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

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

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.