



Attn: Human Resources
5960 Cornerstone Court West, Suite 100
San Diego, CA 92121
(858) 875-0010
Fax (877) 849-2701
jobs@gafcon.com

APPLICATION FOR EMPLOYMENT

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally protected basis, including, but not limited to, race, age, color, religion, gender, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis protected by federal, state or local law.

Last, First, Middle Name			Social Security #
Present Address	City	State	Zip
Phone Number	Email Address		Referred by
Position Applying for			Date you can start
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Availability, please specify hours		
Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain:			
Have you ever applied to this company or SharePoint360 before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where?	When?	
Are you willing to work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If driving is a requirement of the job for which you are applying, do you have a valid driver's license?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are a minor, can you produce the work certificate necessary to obtain employment?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able, at the time of employment, to submit verification of your legal right to work in the U.S. <small>Verification and completion of Form 1-9 must be submitted no later than three business days after date of hire.</small>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If no, describe the functions that cannot be performed: <small>We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility assessments.</small>			Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATIONAL RECORD

SCHOOLS ATTENDED	NAME & ADDRESS	# OF YEARS COMPLETED	DIPLOMA OR DEGREE
High School		9 <input type="checkbox"/> 10 <input type="checkbox"/>	
		11 <input type="checkbox"/> 12/GED <input type="checkbox"/>	
Community College/University		1 <input type="checkbox"/> 2 <input type="checkbox"/>	
		3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Trade, Business or Graduate School			
Certifications			

EXPERIENCE, TRAINING & QUALIFICATIONS:

Outlook ☐ Word ☐ Excel ☐ PowerPoint ☐ Deltek ☐ SharePoint ☐ User level:

WORK EXPERIENCE: Please list your last four employers, starting with your present or last place of employment.
You may include any verifiable work performed on a volunteer basis, internship or military service.

Date Month/Year	Name, Address and Phone # of Employer	Position	Name of Supervisor	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: Please provide the names and contact information for three professional references, excluding relatives.

Name and Position	Company	Telephone #	# of years known

APPLICANT CERTIFICATION

Please read carefully and **initial each paragraph after reading it as your acknowledgment.**

I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between Gafcon, Inc. and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Gafcon, and that no promises or representations contrary to the foregoing are binding on Gafcon unless made in writing and signed by me and Gafcon's President. _____

I further understand that I am responsible for being familiar with Gafcon's policies, rules and regulations, and I understand that Gafcon has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the company, I consent to any such changes. _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _____

I hereby authorize Gafcon or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms.* I release all parties, including those not listed, from any claims, demands, or liabilities arising out of this provision and the use of such information. _____

Applicant's Signature:

Date:

* Federal law requires a separate release form when obtaining Consumer Credit Reports.