



Name:

Employment Application

CGH Technologies, Inc. (CGH) is an Equal Opportunity Employer.
Applicants will be considered without regard to race, color, sex, religion,
age, national origin, marital status, disability, veteran status, or sexual orientation.

CGH Technologies, Inc.
600 Maryland Avenue, SW
Suite 800W
Washington, DC 20024

Telephone: (202) 554-7774
HR Fax: (202) 580-7542

Date:

PERSONAL DATA

Name: _____ Social Security No.: _____
Street Address: _____ City: _____ State: ____ Zip: _____
Home Telephone No: _____ US Citizen: Yes No Age (if under 18): _____
If any of your employment has been under a different last name, please indicate: _____
Do you have relatives or friends in the company? Yes No
Who? _____ What Relationship? _____
Whom should we notify in case of an emergency? Name: _____
Relationship: _____ Telephone: _____
Street Address: _____ City: _____ State: ____ Zip: _____

EDUCATION

Schools	Name & Location of School	Major	Years Completed	Degree
High School				
College				
Business or Tech				
Other				

With what professional or technical societies are you affiliated?	List any professional/technical certifications that you have earned:

U.S. MILITARY SERVICE

Service Dates: From _____ To _____ Branch: _____
Rank at discharge or separation: _____ Present Status: Active Duty/Reserve: _____

EMPLOYMENT INFORMATION

Position applying for or desired: _____

Are you available to work: Full time Part time Specify days & hours if part time: _____

If your application is considered favorably, on what date will you be able to start work? _____

What wage/salary do you expect? _____

What special skills or qualifications do you offer? _____

What has prompted you to apply for a position with the company? _____

Have you ever been convicted of a felony? Yes No

Do you have any physical or mental disabilities that would preclude you from performing the essential functions of the position for which you are applying? Yes No

If yes, what reasonable accommodations would be necessary for you to perform these responsibilities? _____

Are you legally eligible for employment in the United States? Yes No

Previous Employers (List current position first)

Name of Employer: _____ Dates: From _____ To _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Salary: Start _____ End _____

Describe the responsibilities of your position: _____

Name of immediate manager: _____ Telephone No. : _____

Reason(s) for leaving: _____

Name of Employer: _____ Dates: From _____ To _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Salary: Start _____ End _____

Describe the responsibilities of your position: _____

Name of immediate manager: _____ Telephone No. : _____

Reason(s) for leaving: _____

Name of Employer: _____ Dates: From _____ To _____

Street Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____ Salary: Start _____ End _____

Describe the responsibilities of your position: _____

Name of immediate manager: _____ Telephone No. : _____

Reason(s) for leaving: _____

EMPLOYMENT INFORMATION (Continued)

Employment, Professional, and/or Academic References: Complete all sections

Name	Organization where person is employed	Years Known	Address of Company or Person
			Telephone No.
			Telephone No.
			Telephone No.

Permission is granted to contact the above references other than current employer: Yes No

Current employer: Yes No

I understand that in order to achieve uniformity and to comply with company policy, the Company's offers of employment are limited to those contained in written offer letters to prospective employees. I also understand that any verbal discussions of terms or conditions of employment by company representatives are not binding upon the Company unless confirmed in such offer letters.

I understand that my employment is contingent upon the satisfactory completion of three (3) reference checks and the verification of information contained in this application.

I understand that my employment is contingent upon my signing a statement indicating my understanding of, and willingness to comply with, the Company's policy on Substance Abuse.

I also understand that should I be employed by the Company, I will be required in accordance with the Immigration Reform and Control Act of 1986 (IRCA), to provide, on my first day of employment, documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment and that failure to comply will void my offer of employment.

I understand that should I be employed by the Company, my employment is "at will". This means that either party may end the relationship at any time, with or without notice, as prescribed by the Company's policy on Termination. There is no promise or guarantee that my employment will continue for any specified period of time.

I have read and understand the provisions outlined above and affirm that the information is complete and true. I understand that, if employed, any false statements may be considered sufficient cause for dismissal.

Signature of Applicant

Date

VOLUNTARY DISCLOSURE STATEMENT

Name _____

We are an Equal Opportunity Employer and do not discriminate against any individual on the basis of race, creed, color, sex, national origin, age, disability, veteran status, marital status, or status with regard to public assistance. We invite you to complete the following information to help us comply with Federal record keeping requirements and fulfill our management responsibilities. Your response shall remain confidential, be kept separately from your application, and shall in no way affect a decision regarding your employment.

PLEASE CHECK ALL BOXES BELOW WHICH APPLY TO YOU:

SEX: Male Female

VETERAN STATUS:

None: Those with insufficient military service to qualify for Veteran Status.

Special Disabled Veteran: Those entitled to compensation under laws administered by the Dept. of Veterans' Affairs for a disability rated at 30%+, or at 10 or 20% as determined under Section 3105 of Title 38, USC to have a serious employment handicap or discharged/released from active duty because of service-connected disability.

Veteran of the Vietnam Era

Other Veteran: Those who served in US military ground, naval or air service on active duty during a war/campaign/expedition for which campaign badge has been authorized.

RACE/ETHNIC IDENTIFICATION:

American Indian or Alaskan Native: A person having origins in any of the original peoples of North, Central and South America, and who maintains tribal affiliation or community attachment.

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.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American: A person having origins in any of the Black racial groups of Africa (includes "Haitian" or "Negro").

Hispanic or Latino (all races): A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin and of the White race.

Hispanic or Latino (White race only): A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture.

Hispanic or Latino (all other races): A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin and of any race other than White.

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Applicant

Date