



A Great Place to Work

Application For Employment

CGI, Inc. maintains strict adherence to ISO 9001 Quality Management; ISO 13485 Medical Devices Quality Management and AS/EN 9100 Aerospace Quality Management Systems. As a Subcontractor to Prime Federal Contractors, CGI, Inc. may be subject to flow-down clauses regarding Federal regulatory requirements and procedural guidelines related to the industries that we serve. CGI, Inc. operates facilities that are controlled by International Traffic in Arms Regulations (ITAR). All positions are safety-sensitive.

CGI, Inc. is an EEO/AA employer. Qualified applicants will receive consideration for employment without regard to age, race, color, religion, sex, sexual orientation, gender identity, national origin, disability or protected veteran status.

How Did You Learn About Us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	Date of Application
	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Please enter below the job code(s) that you are interested in applying for:				Expected Salary/Rate
Job Code _____	Job Code _____	Job Code _____	Job Code _____	

Personal Information (Complete all applicable information - please print)

Name (Full - Last, First, MI)		Social Security Number	
Street Address		City	State Zip
Home Phone	Business Phone	Can you travel if a job requires it?	
Are you willing to work: _____ Full Time _____ Part Time		When could you start employment?	
_____ Temporary _____ Weekends _____ Evenings _____ Nights			
Have you ever applied for employment with our company?		Have you previously been employed by our company?	
_____ Yes _____ No When?		_____ Yes _____ No When?	
Are you legally authorized to work in the United States?		If you are under eighteen (18) years of age, can you provide required proof of your eligibility to work?	
_____ Yes _____ No		_____ Yes _____ No	
Have you been convicted of a felony within the last seven (7) years? _____ Yes _____ No			
(Conviction will not necessarily disqualify an applicant from employment)			
If yes, please explain _____			

Employment History List below last four employers, starting with the most recent one first.

1) Present or Last Job Title	Name of Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties			
Reason for Leaving		May we contact your Supervisor?	
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	
2) Present or Last Job Title	Name of Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties			
Reason for Leaving		May we contact your Supervisor?	
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	
3) Present or Last Job Title	Name of Company	From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Duties			
Reason for Leaving		May we contact your Supervisor?	
Name of Supervisor	Title and Department of Supervisor	Phone Number of Supervisor	

4) Present or Last Job Title	Name of Company	From Mo/Yr	To Mo/Yr	
Street Address		City	State	Zip
Duties				
Reason for Leaving		May we contact your Supervisor?		
Name of Supervisor	Title and Department of Supervisor		Phone Number of Supervisor	

Education Information

High School or GED	Dates Attended From Mo/Yr _____ To Mo/Yr _____	City	State	Degree	Subjects Studied	
College	Dates Attended From Mo/Yr _____ To Mo/Yr _____	City	State	Degree	Major	GPA
College	Dates Attended From Mo/Yr _____ To Mo/Yr _____	City	State	Degree	Major	GPA
Graduate School	Dates Attended From Mo/Yr _____ To Mo/Yr _____	City	State	Degree	Major	GPA
Other	Dates Attended From Mo/Yr _____ To Mo/Yr _____	City	State	Degree	Major	GPA

Additional Information

State any additional information you feel may be helpful to us in considering your application.

References

1)	(Name)	(Address)	(Phone)
2)	(Name)	(Address)	(Phone)
3)	(Name)	(Address)	(Phone)

Please Read The Following Statement Carefully

In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed "at will" and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.

This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

CGI, Inc participates in the E-Verify Program; only individuals with the legal right to work in this country are eligible to be hired.

I declare under penalty of perjury under the laws of Nevada that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.

I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I authorize investigation of all statements contained in the application. I will, upon request, sign all necessary consent forms.

Date	Signature
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Advanced Products for Robotics and Automation

A NOTICE AND INVITATION TO ALL EMPLOYEES AND APPLICANTS

Michael D. Madison, President/CEO

AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

CGI, Inc. has been and will continue to be an equal opportunity employer. To assure full implementation of this equal employment policy, we will take steps to assure that:

- a. Persons are recruited, hired, assigned and promoted without regard to race, religion, color, national origin, citizenship, sex, sexual orientation, gender identity, veteran's status, age or disability.
- b. All other personnel actions, such as compensation, benefits, transfers, layoffs and recall from layoffs, access to training, education, tuition assistance and social recreation programs are administered without regard to race, religion, color, national origin, citizenship, sex, sexual orientation, gender identity, veteran's status, age or disability.
- c. Employees and applicants shall not be subjected to harassment, intimidation, threats, coercion or discrimination because they have: (1) filed a complaint; (2) assisted or participated in an investigation, compliance review hearing or any other activity related to the administration of any federal, state or local law requiring equal employment opportunity; (3) opposed any act or practice made unlawful by any federal, state or local law requiring equal opportunity or (4) exercised any other right protected by federal, state, or local law requiring equal opportunity.

I have appointed Wendy Godinho to take on the responsibilities of EEO Coordinator, she will be responsible for the day to day implementation and monitoring of this Affirmative Action Plan. As part of that responsibility, she will periodically analyze the Company's personnel actions and their effects to insure compliance with our equal employment policy.

If you, as one of our employees or as an applicant for employment, have any questions about this policy or would like to be considered under our Affirmative Action Plan, please see Wendy Godinho during regular business hours. This is also a reminder that employees may update their disability status at any time by contacting Wendy Godinho.

I have reviewed and fully endorse our Affirmative Action and Equal Employment Opportunity program. In closing I ask the continued assistance and support of all of the Company's personnel to attain our objective of equal employment opportunity for all.

Sincerely,

Michael D. Madison
President/CEO



3400 Arrowhead Drive, Carson City, NV 89706 • (800) 568-4327

Email: info@cgimotion.com • Website: www.cgimotion.com •

INVITATION TO SELF IDENTIFY RACE, GENDER AND AS A PROTECTED VETERAN

To enable us to meet government reporting regulations and maintain an Affirmative Action Plan, **CGI, Inc.** requests that you complete this personal data form. **Information will be used solely for government reporting purposes and will be detached and kept separate from your file.** Any information that you choose to provide will not be considered by **CGI, Inc.** for employment purposes and will be treated as personal and confidential. Your voluntary cooperation is appreciated.

Name: _____ Date: _____
Last First Middle Initial

GENDER

☐ Female ☐ Male ☐ Gender Neutral

RACE/ETHNICITY

Please check the **one box** below that describes the race/ethnicity category with which you primarily identify.

- ☐ **Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American:** a person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **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.
- ☐ **American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

VOLUNTARY SELF-IDENTIFICATION OF VETERANS

CGI, Inc. is a federal 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 contractors to take affirmative action to employ and advance in employment:

- (1) **disabled veterans** defined as (a) veterans of the U.S. military, ground, naval or air service who are 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 (b) persons who were discharged or released from active duty because of a service-connected disability;
- (2) **recently separated veterans** defined as any veterans 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;
- (3) **active duty wartime or campaign badge veterans** defined as veterans 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; and
- (4) **Armed Forces service medal veterans** defined as veterans 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.

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. This information is being requested on a voluntary basis and will be kept confidential, consistent with applicable law. Refusal to provide the requested information will not subject you to any adverse treatment. If provided, this information will not be used in a manner inconsistent with VEVRAA.

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

- ☐ I AM NOT A VETERAN. I DID NOT SERVE IN THE MILITARY.
- ☐ I AM NOT A PROTECTED VETERAN. I SERVED IN THE MILITARY BUT DO NOT FALL INTO ANY VETERAN CATEGORIES LISTED ABOVE.
- ☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
- ☐ I CHOOSE NOT TO IDENTIFY MY VETERAN STATUS.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

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.

For Employer Use Only

Job Code: _____

Job Title: _____

Date of Hire: _____

Date of Termination: _____
(If applicable)