



New Hire Information – Please Print

Employee Name _____
Last First Middle

Preferred Name (Nickname) _____

Previous Gilbane Employee? _____ No _____ Yes (If yes, last year employed _____)

Date of Birth _____ Email Address (if applicable): _____

Home Phone Number (____) _____ Cell Phone Number: (____) _____

WHERE APPLICABLE: School District _____ County _____

ALTERNATE ADDRESS (if applicable)

Address _____

City _____ State _____ Zip Code _____

Alternate Telephone Number (____) _____

If a Visa holder: type of Visa: _____ F1 _____ H-1B Other: _____

F1 or H-1B Visa Expiration Date: _____

IN CASE OF EMERGENCY NOTIFY

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number: Home (____) _____ Work (____) _____

Security Clearance

Do you have a current or past security clearance? ___No ___Yes. If yes, please complete items below.

Place of Birth _____ VISA type citizenship _____ (required for verification)

Date of clearance _____ Willing to work on a classified project* ___ No ___ Yes

*Note, classified projects require an extensive background clearance

Type of security clearance: Confidential ___ Secret ___ Top Secret ___ Other _____

Federal Agency: DOD ___ ATF ___ FBI ___ CIA ___ Homeland Security ___ Other _____

Maiden Name(s) _____

Former Name(s) (Alias) _____

Last Name: _____ First Name: _____ (Please Print)



Gilbane is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. Submission of this information by you is entirely voluntary and will be treated in a confidential manner. Please be assured that providing or refusing to provide this information will not subject any individual to adverse treatment by the Company. Gilbane is an equal opportunity employer and supports diversity in the workplace.

Thank you for your voluntary cooperation in providing this information.

Ethnicity/Race

- Hispanic or Latino:** All Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

- White (Not Hispanic or Latino):** All Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** All Persons having origins in any of the black racial groups of Africa.
- Asian (Not Hispanic or Latino):** All Persons 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 Alaskan Native (Not Hispanic or Latino):** All Persons having origins in any of the original peoples of North and South America (including Central America), and who maintained tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** All Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (Not Hispanic or Latino):** All Persons who identify with more than one of the above five races.

Gender

- Male
- Female

Last Name: _____ **First Name:** _____ **(Please Print)**



Veteran Status

Gilbane is subject to certain governmental recordkeeping and reporting requirements as a federal contractor. Submission of this information by you is entirely voluntary and will be treated in a confidential manner. Some Veterans will fall into more than one of the qualified covered veteran categories. Please check all that apply.

- Disabled Veteran** means (i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Other Protected 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. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A copy may also be obtained from your Human Resources representative.
- 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 (61 Fed Reg 1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>. A copy may also be obtained from your Human Resources representative.
- Recently Separated Veterans** means a 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. A copy of 41 CFR part 61-300 can be found at <https://vets100.vets.dol.gov/>. A copy may also be obtained from your Human Resources representative.

Discharge Date _____

- Choose Not to Disclose**
- I am not a Veteran as defined above.**

Military Service

Submission of this information by you is entirely voluntary. Please check all that apply:

- Choose Not to Disclose
- I do not have any military service.
- Active Reserves/National Guard
- Discharged Reserves/National Guard
- Retired
- Discharged US Army
- Discharged US Air Force
- Discharged US Marine Corps
- Discharged US Navy
- Discharged US Coast Guard
- Discharged Multiple Branches

Last Name: _____ First Name: _____ (Please Print)



Reasonable Accommodation

Title I of the ADA protects qualified individuals with disabilities from employment discrimination. Under the ADA, a person has a disability if he or she has a physical or mental impairment that substantially limits a major life activity. The ADA also protects individuals who have a record of a substantially limiting impairment, and people who are regarded as having a substantially limiting impairment.

To be protected under the ADA, an individual must have a record of, or be regarded as having a substantial, as opposed to a minor, impairment. A substantial impairment is one that significantly limits or restricts a major life activity such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning or working.

An individual with a disability must also be qualified to perform the essential functions of the job with or without reasonable accommodation in order to be protected by the ADA. This means that the applicant or employee must:

- satisfy the job requirements for educational background, employment experience, skills, licenses, and any other qualification standards that are job related; and
- be able to perform those tasks that are essential to the job, with or without reasonable accommodation.

Choose Not to Disclose

I can perform the duties of the job with or without reasonable accommodation, and if asked, I can describe or demonstrate how, with or without reasonable accommodation, I will perform the duties of the job.

I request reasonable accommodation in order to perform my job functions or accessing the work environment. **

**** NOTE TO EMPLOYEE: A Confirmation of Request for Reasonable Accommodation (EEOC Form 557) will be sent to you as soon as possible but within three (3) businesses days of receipt of this form.**

Employee's Signature

Date

Last Name: _____ **First Name:** _____ **(Please Print)**