



Gowanda GEC, LLC
 dba Gowanda Electronics
 One Magnetics Parkway
 Gowanda, NY 14070-4081
 Phone: 716-532-2234
 Fax: 716-532-2702

Employment Application

An equal opportunity and affirmative action employer

Personal Information

Last Name	First Name	Middle Initial	Date
Home Phone	Cellular/Other Phone	Email Address	
Permanent Address	City	State	ZIP Code
How were you referred to Gowanda?	gowanda.com	Advertisement <i>(specify publication below)</i>	Agency <i>(specify below)</i>
	Employee <i>(specify below)</i>	Job Fair <i>(specify below)</i>	Other <i>(specify below)</i>
Name of Referral Source			

If you are not a citizen of the United States, are you eligible to work in the U.S. and would you be able to provide the necessary documents of proof of the legal right to work upon hire? Yes No

Are you under 18? Yes No If you are under 18 and still in High School, you may be required to provide a work permit upon hire.

If necessary, best time to call you is: AM PM
 Home Cellular/Other

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

May we contact you at work? Yes No
 Best time to call: AM PM
 Work Number

Will you work overtime if required? Yes No

 If no, please explain

Have you submitted an application here before? Yes No

 Position Applied For Date Applied

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodations)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Have you ever been employed by or contracted by Gowanda? Yes No
 If so, when? -

Need more information about the job's "essential functions" to respond Yes No

What position did you hold? Manager

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way restrict your ability to work for our company? Yes No

Date available to work:

Will you relocate if the job requires it? Yes No

Will you travel if the job requires it? Yes No

If yes, please explain:

Employment Interest

Position Desired	Salary Desired	Date Available
Have you interviewed for another position at Gowanda?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> If so, when?
Type of employment desired:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>	

Employment History

Starting with your most recent employer, provide the following information.

Company Name			Street Address			May we contact employer?		Yes	No
City	State	Zip Code							
Starting Job Title			Final Job Title						
Supervisors Name and Title					Phone				
Dates of employment:					From	-	To		
Reason for leaving									
Job Duties									

Company Name			Street Address			May we contact employer?		Yes	No
City	State	Zip Code							
Starting Job Title			Final Job Title						
Supervisors Name and Title					Phone				
Dates of employment:					From	-	To		
Reason for leaving									
Job Duties									

Company Name			Street Address			May we contact employer?		Yes	No
City	State	Zip Code							
Starting Job Title			Final Job Title						
Supervisors Name and Title					Phone				
Dates of employment:					From	-	To		
Reason for leaving									
Job Duties									

Company Name			Street Address			May we contact employer?		Yes	No
City	State	Zip Code							
Starting Job Title			Final Job Title						
Supervisors Name and Title					Phone				
Dates of employment:					From	-	To		
Reason for leaving									
Job Duties									

Employment History

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If **yes**, please explain: _____

Skills and Qualifications

Summarize any special training, skills, license and/or certificates that may assist you in performing the position for which you are applying?

Computer Skills (Check appropriate boxes. Include software titles and years of experience)

Word Processing	<input type="text"/>	<input type="text"/>	Internet	<input type="text"/>	<input type="text"/>
	Software	Years		Software	Years
Spreadsheet	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
	Software	Years		Software	Years
Presentation	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
	Software	Years		Software	Years
Email	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
	Software	Years		Software	Years

Educational Background

Starting with your most recent school attended, provide the following information:

Name of High School, Technical School or College	City, State	Major/Minor	Degree	GPA Class Rank

Additional education, vocational, professional, military, or other information you feel may be helpful to us in considering your application.

References

List names and telephone numbers of three (3) business/work references who are **not** related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	Email	# of Years Known

Related Information

To what job-related organizations (professional, trade, etc) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or previous job have you ever written instructions or directions to be followed by employees or customers? Yes No

If yes, please explain

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents' employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under application federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Print	Sign	Date

Production & Technical Positions

Please "check" the operations/processes/machines/instruments with which you have experience

Read and follow Engineering Drawing/Work Instructions

Board level circuit assembly

Coil Winding

Manual

Machine

Robotic

Molding/Transfer Molding

Magnification/Microscope

Potting/Epoxy

Testing Measuring Tuning

Dial Indicators

Multi-meters

Resistance measuring

Spectrum Analyzer

Vector Network Analyzer

Other

Soldering

Iron Solder

Hand Dip

Robotic

Certifications Held

Machine Experience

Machining	Program	Setup	Operate
CNC Vertical Mill			
CNC Lathe			
CNC Surface Grinder			
Wire / Sinker EDM			
Precision Surface Grinder			
Manual Lathes			
Manual Grinding			
Vertical Mill			
Horizontal Mill			

Other experience not noted above

Employment Application

An equal opportunity and affirmative action employer

Invitation to Self-Identify

Last Name	First Name	Middle Initial	Date

How did you learn about Gowanda Components Group?

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

GOWANDA COMPONENT GROUP is an Equal Opportunity Employer committed to the policies and principles of Non-Discrimination and Affirmative Action. To implement these policies and to respond to federal affirmative action recordkeeping and reporting requirements, it is important that the following information be gathered from all applicants and employees. Providing this information is optional. Failure to submit data will not in any way affect your present or future employment. The information provided will remain confidential and be used primarily for government reporting purposes.

RACE/ETHNIC GROUPS: Are you Hispanic or Latino? Yes No

If you answered "No" to the question "Are you Hispanic or Latino?" please check the applicable race box (check one):

- White (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or More Races - All persons who identify with more than one of the above five (5) races (Not Hispanic or Latino)

SEX: Male Female

VETERAN STATUS:

Classifications of protected veteran are defined as follows:

A "**disabled veteran**" is either 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 a person who was discharged or released from active duty because of a service-connected disability.

A "**recently separated veteran**" means 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.

An "**active duty wartime or campaign badge 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 under the laws administered by the Department of Defense.

An "**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 the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

I identify as one or more of the classifications of *protected veteran* listed above.

I am **not** a *protected veteran*.

APPENDIX: CAMPAIGNS AND EXPEDITIONS THAT QUALIFY FOR VETERANS PREFERENCE

Armed Forces Expeditionary Medal

Campaign/Expedition	Start Date	End Date
Afganistan (Operation Enduring Freedom)	09/11/01	present
Afganistan (Operation Iraqi Freedom)	03/19/03	present
Berlin	08/14/61	06/01/63
Bosnia (Operation Joint Endeavor)	11/20/95	12.20/96
Bosnia (Operation Joint Guard)	12/20/96	06/20/98
Bosnia (Operation Joint Forge)	06/21/98	present
Cambodia	03/29/73	08/15/73
Cambodia Evacuation (Operation Eagle Pull)	04/11/75	4/13/75
Congo	07/14/60	09/01/62
Congo	11/23/64	11/27/64
Cuba	10/24/62	06/01/63
Dominican Republic	04/28/65	09/21/66
El Salvador	01/01/81	02/01/92
Global War on Terrorism	09/11/01	present
Grenada (Operation Urgent Fury)	10/23/83	11/21/83
Haiti (Operation Uphold Democracy)	09/16/94	03/31/95
Iraq (Operation Northern Watch)	01/01/97	present
Iraq (Operation Desert Spring)	12/31/98	12/31/02
Iraq (Operation Eduring Freedom)	09/11/01	present
Iraq (Operation Iraqi Freedom)	03/19/03	present
Korea	10/01/66	06/30/74
Kosovo	03/24/99	present
Laos	04/19/61	10/07/62
Lebanon	07/01/58	11/01/58
Lebanon	06/01/83	12/01/81
Mayaguez Operation	05/15/75	05/15/75
Operations in the Libyan Area (Operation Eldorado Canyon)	04/12/86	04/17/86
Panama (Operation Just Cause)	12/20/89	01/31/90
Persian Gulf Operation (Operation Earnest Will)	07/24/87	08/01/90
Persian Gulf Operation (Operation Southern Watch)	12/01/95	present
Persian Gulf Operation (Operation Vigilant Sentinel)	12/01/95	02/01/97
Persian Gulf Operation (Operation Desert Thunder)	11/11/98	12/22/98
Persian Gulf Operation (Operation Desert Fox)	12/16/98	12/22/98
Persian Gulf Intercept Operation	12/01/95	present
Quemoy and Matsu Islands	03/23/58	06/01/63
Somalia (Operations Restore Hope and United Shield)	12/05/92	03/31/95
Taiwan Straits	08/23/58	01/01/59
Thailand	05/16/62	08/10/62
Vietnam Evacuation (Operation Frequent Wind)	04/29/75	04/30/75
Vietnam (including Thailand)	07/01/58	07/03/65

Navy Expeditionary Medal & Marine Corps Medal for These Operations:

Campaign/Expedition	Start Date	End Date
Cuba	01/03/61	10/23/62
Indian Ocean/Iran	11/21/79	10/20/81
Iranian/Yemen/Indian Ocean	12/08/78	06/06/79
Lebanon	08/20/82	05/31/83
Liberia (Operation Sharp Edge)	08/05/90	02/21/91
Libyan Area	01/20/86	06/27/86
Panama	04/01/80	12/19/86
Panama	02/01/90	06/13/90
Persian Gulf	02/01/87	07/23/87
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

Other Campaign & Service Medals Qualifying for Preference:

Campaign/Expedition	Start Date	End Date
Army Occupation of Austria	05.09/45	07/27/55
Army Occupation of Berlin	05/09/45	10/02/90
Army Occupation of Germany (exclusive to Berlin)	05/09/45	05/05/55
Army Occupation of Japan	09/03/45	04/27/52
Chinese Service Medal (Extended)	09/02/45	04/01/57
Korea Defense Service Medal	07/28/54	TBD
Korean Service	06/27/50	07/27/54
Kosovo Campaign Medal (KCM) Operation Allied Force	03/24/99	06/10/99
Kosovo Campaign Medal (KCM) Operation Joint Guardian	06/11/99	TBD
Kosovo Campaign Medal (KCM) Operation Allied Harbor	04/04/99	09/01/99
Kosovo Campaign Medal (KCM) Operation Sustain Hope/Shining Hope	04/04/99	07/10/99
Kosovo Campaign Medal (KCM) Operation Nobel Anvil	03/24/99	07/20/99
Kosovo Campaign Medal (KCM) Task Force Hawk	04/05/99	06/24/99
Kosovo Campaign Medal (KCM) Task Force Saber	03/31/99	07/08/99
Kosovo Campaign Medal (KCM) Task Force Falcon	06/11/99	TBD
Kosovo Campaign Medal (KCM) Task Force Hunter	04/01/99	11/01/99
Navy Occupation of Austria	05/08/45	10/25/54
Navy Occupation of Trieste	05/08/45	10/25/54
Southwest Asia Service Medal (Operations Desert Shield & Desert Storm)	08/02/90	11/30/95
Units of the Sixth Fleet (Navy)	05/09/45	10/25/55
Vietnam Service Medal (VSM)	07/04/65	03/28/73
Rwanda (Operation Distant Runner)	04/07/94	04/18/94
Thailand	05/16/62	08/10/62

Employment Application

An equal opportunity and affirmative action employer

Voluntary Self-Identification of Disability

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. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you have ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you have 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
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive Compulsive Disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

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

Signature

Date

Employment Application

An equal opportunity and affirmative action employer

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodations 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.

¹ 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.