



AVI Systems, Inc. Employment Application

AVI Systems, Inc.

952-949-3700

9675 West 76th Street, Suite 200

Eden Prairie, MN 55344

www.avisystems.com



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #
City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Desired Salary: _____

Position Applied For: _____

How did you learn about this position? _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the US? Yes No

Have you ever worked for this company? Yes No If so, when? _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____

Training

Describe any specialized training, skills and extracurricular activities below.



References

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
(Street/City/State)

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
(Street/City/State)

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
(Street/City/State)

Previous Employment - list current/most recent employment first

Company: _____ Phone: _____
Address: _____ Supervisor: _____
(Street/City/State)
Job Title: _____ Reason for Leaving: _____
From (Month/Year): _____ To (Month/Year): _____
Responsibilities: _____
May we contact your previous supervisor for a reference? Yes No
Comment: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
(Street/City/State)
Job Title: _____ Reason for Leaving: _____
From (Month/Year): _____ To (Month/Year): _____
Responsibilities: _____
May we contact your previous supervisor for a reference? Yes No
Comment: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
(Street/City/State)
Job Title: _____ Reason for Leaving: _____
From (Month/Year): _____ To (Month/Year): _____
Responsibilities: _____
May we contact your previous supervisor for a reference? Yes No
Comment: _____



Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Executive of this organization.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____



SELF-IDENTIFICATION FORM (RACE/ETHNIC AND GENDER CLASSIFICATIONS)

To meet government reporting requirements, applicants and employees are requested to answer the questions below. Please note you are not obligated to self-identify, and any information you voluntarily provide will be kept confidential in accordance with appropriate legislation. Any answers provided or refusal to self-identify will not affect hiring decisions or personnel actions.

Personal Information *(Please Print)*

Last Name		First Name	Middle Initial
Street	City	State	Zip
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Specific Job Applied for		

Race/Ethnic Data *(Please check one box only. Do not insert additional groups)*

The following race/ethnic definitions are developed and provided by the Department of Labor.

- Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - **regardless of race.**
- White** **(not of Hispanic or Latino origin)** Persons having origins in Europe, North Africa or the Middle East.
- Black or African American** **(not of Hispanic or Latino origin)** Persons having origins in the black racial groups of Africa as well as Jamaica, Trinidad or the West Indies.
- Asian** **(not of Hispanic or Latino origin)** 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 Alaskan Native** **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander** **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** **(not of Hispanic or Latino origin)** All persons who identify with more than one of the previous five races.
- Do not wish to identify race** If you do not wish to self-identify race/ethnic background, check the box to the left.

Please sign and date form before submitting.

Signature: _____

Date: _____

Printed Name: _____



VOLUNTARY SELF-IDENTIFICATION OF PROTECTED VETERAN STATUS

Government contractors 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), are required to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “**disabled veteran**” is one of the following:
 - 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 a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

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

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO IDENTIFY

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Print Name _____ **Signature** _____

Job Applied for _____ **Date** _____

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

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____