



AVR, INC. & AFFILIATES
APPLICATION FOR NON-DRIVER EMPLOYMENT
14698 Galaxie Avenue, Apple Valley, MN 55124
 (An Equal Opportunity Employer)



You must complete entire application and sign where indicated.

Date:

Applicant Information				
Name (first, middle, last)				
Address (street, city, state, zip code)				Mobile Telephone
Email Address:				Home Telephone
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.				
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)				
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.				
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:			Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:	
Position Applying For	Part-Time or Full-Time Desired	Salary Preference	Shift Preference	
When can you start?				
How were you referred to the company? <input type="checkbox"/> Agency <input type="checkbox"/> Website <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Social Media <input type="checkbox"/> School <input type="checkbox"/> Other				
1. If relevant, please describe computer proficiency, software knowledge, and office equipment experience.				
2. If relevant, please describe experience using operations machines and equipment.				
Education (if you include a resume, you can skip this section)				
School	Location (city, state)	Number of Years Attended	Course of Study (for post HS)	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

Training Courses

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

Required License(s)

If required to drive a motor vehicle for the job applying for, state your:
 1) driver's license number _____ 2) state issued _____

Are you licensed with any group, association or society relating to the job for which you are applying?
 Yes No

Registration or License Number	State Issued	Expiration Date
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Employment History (use separate sheet if necessary, or attach a resume)

Name of Employer:	Telephone
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Address:

Job Title:	Employment Dates (month and year)
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Name of Immediate Supervisor:	From: _____ To: _____
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Description of Duties:

Reason for Leaving:

Name of Employer:	Telephone
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Address:

Job Title:	Employment Dates (month and year)
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Name of Immediate Supervisor:	From: _____ To: _____
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Description of Duties:

Reason for Leaving:

Name of Employer:	Telephone
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Address:

Job Title:	Employment Dates (month and year)
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Name of Immediate Supervisor:	From: _____ To: _____
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Description of Duties:

Reason for Leaving:

Employment References

If you have a reference page with your resume, please include with your application. Otherwise, we will ask for references when needed.

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by _____ Date _____

Thank you for your interest in AVR, Inc. & Affiliates.



Voluntary Self-Identification Survey Form Applicant

WHY THIS FORM?

Our company is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

THE NECESSARY LANGUAGE

At this time, we are asking you to help us meet our obligations by providing certain information. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:**

- 1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
- 2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
- 3) Government officials investigating affirmative action program compliance may have access to reported information.

AVR, Inc. and Affiliates (AVR, Inc.) abides by the requirements of federal laws which prohibit discrimination of individuals with the following legally protected status: race, color, religion, sex, sexual orientation, gender identity, national origin, disability and protected veterans. AVR, Inc. also abides by affirmative action requirements to employ and advance in employment qualified individuals without regard to race and sex (per Executive Order 11246), disability (per 41CFR 60-741.5(a)), and protected veteran status (per 41CFR 60-300.5(a)).

THE NEXT 5 PARTS ARE FOR YOU – VOLUNTARY ONLY

PART I. General Information

Name: _____ Date: _____

Position Applied for: _____ Your Highest Level of Education: _____

PART II: Referral Source: Please indicate how you heard about this opening

- | | | | | |
|--|--|--|---|--------------------------------------|
| <input type="checkbox"/> Company website | <input type="checkbox"/> Job board | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Temp agency | <input type="checkbox"/> Search firm |
| <input type="checkbox"/> Educational institution | <input type="checkbox"/> Walk-in | <input type="checkbox"/> Employee referral | <input type="checkbox"/> College Recruiting | |
| <input type="checkbox"/> Professional Assoc. | <input type="checkbox"/> State employment agency | <input type="checkbox"/> Other | | |

PART III. Gender, Ethnicity and Race Information:

Gender

CHECK ONE:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose this information
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Ethnicity

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information
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Race

CHECK ONE: (do not respond if you selected Hispanic or Latino above)	<input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa <input type="checkbox"/> Asian (Not Hispanic or Latino): 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 <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment <input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races <input type="checkbox"/> I choose not to disclose this information
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PART IV. Protected Veterans

The definitions of protected veterans are listed below. Use the boxes following the definitions to indicate whether you are a protected veteran

Disabled Veteran	A “disabled veteran” is one of the following: 1. 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 2. A person who was discharged or released from active duty because of a service-connected disability.
Recently Separated Veteran	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.
Active Duty Wartime or Campaign Badge Veteran	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.
Armed Forces Service Medal Veteran	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.

CHECK ONE:	<input type="checkbox"/> I am a Protected Veteran <input type="checkbox"/> I am not a Protected Veteran <input type="checkbox"/> I choose not to disclose the information
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- If you are a disabled veteran, you may use the space below to tell us about. **If not, you are all done! Thank you.**
1. Any special skills, knowledge, or abilities which may qualify you for positions within AVR, Inc. so that you can be considered for positions of that kind, and
 2. Any reasonable accommodation that you may need because of a disability which would enable you to engage in the application process or perform the essential functions of the job properly and safely. This might include, but is not limited to, a change to application or work procedures, documents in an alternate format, sign language interpreter, or specialized equipment.

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.

Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. 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 | Cerebral palsy | Missing limbs or partially missing limbs |
| Autoimmune disorder such as lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS | Deaf or hard of hearing | Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS) |
| Blind or low vision | Depression or anxiety | Psychiatric condition such as bipolar disorder, schizophrenia, PTSD, or major depression |
| Cancer | Diabetes | |
| Cardiovascular or heart disease | Epilepsy | |
| Celiac disease | Gastrointestinal disorders such as Crohn's or irritable bowel syndrome | |
| | Intellectual disability | |

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.