



# PRE- EMPLOYMENT APPLICATION

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

Application No: \_\_\_\_\_

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security Number \_\_\_\_\_

Telephone \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_ No \_\_\_\_

Days/hours available to work  
 No pref \_\_\_\_ Thur \_\_\_\_  
 Mon \_\_\_\_ Fri \_\_\_\_  
 Tue \_\_\_\_ Sat \_\_\_\_  
 Wed \_\_\_\_ Sun \_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired: \_\_\_\_ Full time only \_\_\_\_ Part-time only \_\_\_\_ Full- or Part-time

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (complete mailing address)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Trade School				
Professional School				



## PRE- EMPLOYMENT APPLICATION

Are you a citizen of the U.S. or do you have legal right to be employed in the United States? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
---

Please list two references other than relatives or previous employers.			
Name		Name	
Position		Position	
Company		Company	
Address		Address	
Telephone		Telephone	

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to provide any additional information necessary to describe your full qualifications for the specific position for which you are applying. (OPTIONAL)

<b>MILITARY</b>	
Have you ever served in the military?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Service Branch _____	Final Rank _____
What duties, training or experience did you have while in the military which may be job related?	
<hr/> <hr/>	

## PRE- EMPLOYMENT APPLICATION

<b>Work Experience</b>	Please list your work experience for the <b>past five years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>
------------------------	---

Name of employer: Address: City, State, Zip Code: Phone number: Reasons for leaving (be specific) _____	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address: City, State, Zip Code: Phone number: Reasons for leaving (be specific) _____	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

## PRE- EMPLOYMENT APPLICATION

Name of employer: Address: City, State, Zip Code: Phone number: Reasons for leaving (be specific) _____	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address: City, State, Zip Code: Phone number: Reasons for leaving (be specific) _____	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Did you complete this application yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If not, who did? \_\_\_\_\_

## VOLUNTARY APPLICANT SELF-IDENTIFICATION FORM

AERONAVDATA, (the Company) is committed to equal employment opportunity for all employees and applicants. As a federal contractor, the Company is required to take affirmative action to employ and advance in employment women and minorities, disabled individuals, and protected veterans. To assist the Company in properly identifying its employees and applicants for consideration in the Company's Affirmative Action Program and to comply with Federal and State requirements, we request that you complete the information below regarding your sex and race. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. If you have any concerns in answering these questions, please contact Human Resources.

---

---

Name: \_\_\_\_\_  
(Print: Last Name, First Name, Middle Initial)

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

### RACE/ETHNIC GROUP (Check only **one**)

\_\_\_\_\_ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ **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.

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ **American Indian or Alaskan 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 maintains tribal affiliation or community attachment.

\_\_\_\_\_ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PRE-OFFER INVITATION TO SELF IDENTIFY

### PROTECTED VETERANS

We are a Government 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 Government contractors 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 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. **Period of War Dates now include:**

**Persian Gulf War – August 2, 1990 to present**

Vietnam Era – August 5, 1964 to May 7, 1975 for all veterans

February 28, 1961 to May 7, 1975 for vets serving in the Republic of Vietnam

Korean Conflict - June 27, 1950 to January 31, 1955

- 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.

Protected veterans may have additional rights under USERRA- the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS).

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 the 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 Veteran listed above

I am not a Protected Veteran

Print Name: \_\_\_\_\_  
Last First Middle

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

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

**Please select one of the options below:**

**Do you have a disability?**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation 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.

---

<sup>i</sup> 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](http://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.