



41 Research Drive
Hampton, VA 23666-1324
PH: (757) 865-0920
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APPLICATION FOR EMPLOYMENT

Advex considers applicants for all positions without regard to race, color, religion, sex, age, sexual orientation, national origin, disability, or veteran's status.

Position(s) Applied For:		Date of Application:	
How did you learn about us? <input type="checkbox"/> Advertisement (Daily Press/VA Pilot) <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Referral <input type="checkbox"/> VA Employment Commission <input type="checkbox"/> Friend <input type="checkbox"/> Other _____			
LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS NUMBER STREET		CITY	STATE ZIP
TELEPHONE NUMBER(S);		SOCIAL SECURITY NUMBER: (Voluntary)	

If you are 18 years of age, can you provide required proof of your eligibility to work: ☐ YES ☐ NO

Have you ever filed an application with us before? ☐ YES ☐ NO If Yes, Date: _____

Have you ever been employed with us before? ☐ YES ☐ NO If Yes, Date: _____

Are you currently employed? ☐ YES ☐ NO

May we contact your present employer? ☐ YES ☐ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship will be required upon employment. ☐ YES ☐ NO

Are you a dual citizen? ☐ YES ☐ NO If yes, what country? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ YES ☐ NO

Can you travel if a job requires it? ☐ YES ☐ NO

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Have you been convicted of felony within the last 7 years? ☐ YES ☐ NO

If yes, please explain:

EDUCATION:

<i>Include diploma or degrees if any</i>	<i>Name & Address of School</i>	<i>Years Completed/Course of Study</i>
High School:		
Undergraduate College:		
Graduate Professional:		
Vocational:		
Other (Specify):		

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES:

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:

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EMPLOYMENT EXPERIENCE:

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVID ACTIVITIES AND OFFICES HELD:

START WITH YOUR PRESENT OR LAST JOB

Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, disabilities, or other protected status. If you need additional space, please continue on a separate sheet of paper.

1 EMPLOYER:	DATES EMPLOYED FROM: TO:	WORK PERFORMED:
ADDRESS:		
TELEPHONE NUMBER(S):	SUPERVISOR:	
REASON FOR LEAVING	HOURLY RATE/SALARY STARTING: FINAL:	
2 EMPLOYER:	DATES EMPLOYED FROM: TO:	WORK PERFORMED:
ADDRESS:		
TELEPHONE NUMBER(S):	SUPERVISOR:	
REASON FOR LEAVING	HOURLY RATE/SALARY STARTING: FINAL:	
3 EMPLOYER:	DATES EMPLOYED FROM: TO:	WORK PERFORMED:
ADDRESS:		
TELEPHONE NUMBER(S):	SUPERVISOR:	
REASON FOR LEAVING	HOURLY RATE/SALARY STARTING: FINAL:	

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OTHER QUALIFICATIONS: SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

REFERENCES:

①	NAME:	TELEPHONE:	
ADDRESS:			
CITY:		STATE:	ZIP:

②	NAME:	TELEPHONE:	
ADDRESS:			
CITY:		STATE:	ZIP:

③	NAME:	TELEPHONE:	
ADDRESS:			
CITY:		STATE:	ZIP:

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AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY POLICY:

Advex Corporation (Advex) will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, sexual orientation, national origin, disability, or veterans' status. Advex will take affirmative action to ensure that applicants are employed, and the employees are treated during employment without regard to their race, color, religion, sex, age, sexual orientation, national origin, disability, or veterans' status. Such action shall include, but not be limited to the following: employment promotion, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training.

APPLICANT'S STATEMENT:

I certify that answers given 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 the 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.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employers.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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VEVRAA PRE-OFFER SELF-ID FORM

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1984. As amended by the Jobs for Veterans Act for 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disable 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:
 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 the 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.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharged 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 an 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 Services (VETS), toll free at 1-866-4-USA-DOL.

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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 VETERAN LISTED ABOVE.

☐ I AM NOT A PROTECTED VETERAN.

☐ I CHOOSE NOT TO SELF-IDENTIFY MY PROTECTED VETERAN STATUS.

Submission of the 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 Veteran's Readjustment Assistance Act of 1974, as amended.

Signature of Applicant

Date

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VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by the 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 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:*

- 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: _____