



How did you learn about Advex?

- ☐ Advertisement
- ☐ Indeed
- ☐ Google Ad
- ☐ Employment Agency
- ☐ Referral/Friend
- ☐ VA Employment Commission
- ☐ Walk In
- ☐ Other

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:			
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:

EMPLOYMENT EXPERIENCE:

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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 of 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 of 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
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with government, we must reach out to hire, and provide equal opportunity to qualified people with disabilities. ¹ 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 included, 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
Diabetes	Schizophrenia	Missing limbs or	wheelchair
Epilepsy	Muscular dystrophy	partially missing limbs	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 of Applicant

Date

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

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Form CC-305
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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 procedure, 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 of 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 collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.