

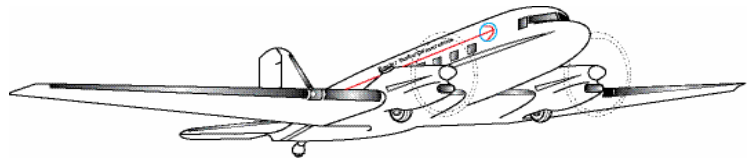
Employment Application

Basler Turbo Conversions, LLC

255 W 35th Avenue, Oshkosh, WI 54902

PH (920) 236-7820

www.baslerturbo.com



Basler Turbo Conversions, LLC is an Equal Opportunity Employer.

It is our policy to grant equal employment opportunities to qualified applicants regardless of an individual's race, color, religion, sex, sexual orientation, gender identity/expression, national origin, age, military/veteran status, disability, pregnancy, genetic information, marital status or any other basis protected by applicable federal, state or local law.

Applicant Information

Last Name		First		MI	
Street Address				Apt / Unit #	
City			State		Zip
Phone:			Email:		
Date of Application:			Are you 18 or Older?	Yes	No

Employment Position

Position(s) Applying For:		Full Time	
		Part Time	
Date Available To Start:		Desired Salary:	
		\$	
What days are you available to work?			
If needed, are you able to work overtime?		Yes	No
How did you hear about this position?			

Personal Information

Are you legally authorized to work in the United States? Yes No

Have you ever applied to, or worked for, this company before? Yes No

If so, when? _____

Do you have any friends, relatives or acquaintances working for Basler Turbo Conversions? Yes No

If yes, state name and relationship:

Name _____ Relationship: _____

Employment Application

Have you ever been convicted of a criminal offense?

Yes

No

If yes, please state the nature of the crime(s), when and where convicted, and disposition of the case(s) below. **NOTE: A criminal conviction will NOT automatically disqualify any applicant from employment.**

Pre-Employment Notification & Acknowledgement

Qualified applicants will be required to pass a pre-employment drug test which tests for the presence of the following substances: Marijuana (THC), Cocaine, Amphetamines (Amphetamine, Methamphetamine, MDMA, MDA), Opioids (Codeine, Morphine, 6-AM [heroin], Hydrocodone, Oxycodone, Oxymorphone) & Phencyclidine (PCP).

Will you consent to a mandatory controlled substance test?

Yes

No

Signature:

Date:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position you are applying for.

Employment Application

Basler Turbo Conversions, LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential functions.

Education & Training

High School _____ City/State _____
Did you graduate? Yes No

College _____ City/State _____
Did you graduate? Yes No

Degree

Other _____ City/State _____
Did you graduate? Yes No

Degree

Military Service

Are you a member of the Armed Services? Yes No

What branch of the Armed Services? _____

What was your military rank when discharged? _____

Years served? _____

Are you currently a member of the National Guard? Yes No

What military skills do you possess that would be an asset for this position?

Employment Application

Previous Employment

Employer Name		Job Title	
Address		Supervisor	
Telephone			

Responsibilities:

From: To: Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employer Name		Job Title	
Address		Supervisor	
Telephone			

Responsibilities:

From: To: Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employer Name		Job Title	
Address		Supervisor	
Telephone			

Responsibilities:

From: To: Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employment Application

References (Please list three professional references.)

Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	

Disclaimer and Signature

I certify that all the information submitted by me on this application is true and complete, and I understand that any false information, omissions or misrepresentations may result in my application being rejected or my employment terminated. If I am in consideration for employment, I agree to comply with the company's rules and regulations. I agree that my employment is on an at-will basis and may be terminated, with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

I agree that I will be bound by and will adhere to any other rules and policies issued by Basler Turbo Conversions, LLC, including all rules and policies in the Basler Employee Handbook.

Signature:

Date:

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Employment Application

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Basler Turbo Conversions, LLC

Invitation to Self-Identify - Gender, Race/Ethnicity, and Veteran Status

Basler is an Equal Opportunity Employer. We maintain an Affirmative Action Program. Basler prohibits discrimination in employment opportunities or employment practices on the basis of race, color, religion, sex/gender (including pregnancy), national origin, age, disability, protected veteran status, protected genetic information, or any other characteristic protected by applicable local, state or federal law.

As an employer with an Affirmative Action Program, we also comply with government regulations, including Affirmative Action responsibilities, where they apply. The purpose for this Voluntary Affirmative Action Self-Identification Record is to assist us in complying with government recordkeeping, reporting, and other legal requirements.

THE COMPLETION OF THIS SELF-IDENTIFICATION RECORD IS **VOLUNTARY** AND INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. IF YOU CHOOSE TO VOLUNTEER THE REQUESTED INFORMATION, IT WILL BE USED **ONLY** TO ASSIST US IN OUR AFFIRMATIVE ACTION RECORDKEEPING, AND WILL BE KEPT IN A CONFIDENTIAL FILE, AND NOT AS PART OF YOUR APPLICATION FOR EMPLOYMENT OR PERSONNEL FILE.

(Please Print)

Last Name	First Name	Middle Name
Address		
City	State	Zip
Telephone Number:		Last 4 of SSN:

Gender

Male Female

Ethnicity/Race (Check one. Description of categories on next page.)

- Hispanic or Latino Ethnicity
- White (not Hispanic or Latino)
- American Indian/Alaskan Native (not Hispanic or Latino)
- Black or African-American (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

I do not wish to answer.

U.S. Veteran Status (Descriptions of categories below.)

Disabled Veteran

Other Protected Veteran

Recently Separated Veteran

Armed Forces Service Medal Veteran

I am not a Protected Veteran

I do not wish to answer.

Description of Ethnicity/Race Categories

Hispanic or Latino Ethnicity - 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.

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 American), and who maintain tribal affiliation or community attachment.

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 peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races (not Hispanic or Latino) - All persons who identify with more than one of the above six races.

Definitions - Veterans

Disabled Veteran means 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.

Other Protected 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 in which a campaign badge has been authorized, under the laws administered by the Department of Defense.

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.

Armed Forces Service Medal Veteran means any 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 (61 FR 1209).

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want 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: