

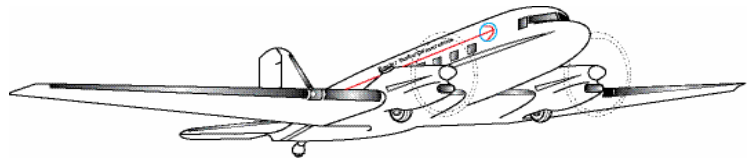
# Employment Application

## Basler Turbo Conversions, LLC

255 W 35<sup>th</sup> 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:

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## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number:	<input type="text"/>	Last 4 of SSN: <input type="text"/>

### **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**

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**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**

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**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 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

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.

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](http://www.dol.gov/ofccp).

### How do you know if you 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: \_\_\_\_\_