



Northern Air Systems, Inc

www.northernairsystems.com

3605 Buffalo Road
Rochester, New York 14624
(585) 594-5050 (585) 594-8888 fax

10421 Mammoth Avenue, Suite A
Baton Rouge, LA 70814
(225) 771-8154 (225) 778-5317 fax

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, uniformed service member status, or other characteristic protected by law.

NORTHERN AIR SYSTEMS, INC. IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, NORTHERN AIR SYSTEMS, INC. MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Please complete all questions. Incomplete information could disqualify you from further consideration.

Position for which you are applying: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long have you lived there \_\_\_\_\_ / \_\_\_\_\_
Years/Months

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long have you lived there \_\_\_\_\_ / \_\_\_\_\_
Years/Months

Are you eligible to work in the U.S? Yes [ ] No [ ]

Are you at least 18 years or older? Yes [ ] No [ ] (If no, you may be required to provide authorization to work.)

Have you previously applied for employment with Northern Air Systems, Inc.? Yes [ ] No [ ]

Type of employment desired:
Full-time [ ] Part-time [ ] Specify available hours for part-time: \_\_\_\_\_ to \_\_\_\_\_
A Shift [ ] B Shift [ ]

Are you willing to work overtime? Yes [ ] No [ ] Desired Salary/Hourly Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?
Yes [ ] No [ ]

If a position were offered to you, what date can you start? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



APPLICATION FOR EMPLOYMENT cont'd

Table with 6 columns: Education, School Name & Location, Course of Study, Graduate (Y/N), # of Years Completed, Degree/Major. Rows include High School, College, and Business Trade/Tech or Post College.

List all special technical skills that you feel qualify you for the job for which you are applying (i.e., equipment operation, special tools or machines, computer, etc.)

List all Certificates held:

WORK EXPERIENCE: Please list the names of your present and/or previous employers in chronological order with present or last employer listed first.

Dates Employed: From Month/Year to Month/Year

Employer: Type of Business:

Address: City: State:

Telephone Number: Supervisor Name:

May we contact? Yes No If "No", why not?

Job Title: Job Duties:

Reason for leaving?



APPLICATION FOR EMPLOYMENT cont'd

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

May we contact? Yes  No  If "No", why not? \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

May we contact? Yes  No  If "No", why not? \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

If you resigned, how much notice did you give? \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

Employer: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

May we contact? Yes  No  If "No", why not? \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_



# APPLICATION FOR EMPLOYMENT cont'd

Please explain fully all gaps in your employment history in excess of one month. \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? Yes  No  If "Yes", how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement? Yes  No  If "Yes", how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated? Yes  No  If "Yes", how many times? \_\_\_\_\_

If you answered "Yes" to any of the above three questions, please explain the circumstances of each occasion.

\_\_\_\_\_  
\_\_\_\_\_

Do you know anyone that works here? Yes  No  If yes, who? \_\_\_\_\_

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:** Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company Name	Work Relationship (i.e. supervisor, co-worker)	Telephone Number

Please list the names of personal references (not previous employers or relatives) who know whom we may contact.

Name	Occupation	Address	Telephone Number	Number of years known



## APPLICATION FOR EMPLOYMENT cont'd

### APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for which state in which I reside.

I understand that the Company is a drug-free workplace and may utilize a drug and/or alcohol testing program consistent with applicable federal, state and local law. I understand that if a pre-employment or post-employment drug and/or alcohol test is positive, the employment or offer of employment may be withdrawn. I agree to work under the conditions requiring a drug-free workplace consistent with federal, state, and local law. I also understand that all employees, pursuant to the company's policy and federal, state, and local law may be subject to urinalysis and/or blood screening or other medically recognized test designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and/or drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration of employment or, if employed, disciplinary action, up to and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT, CFO OR CCO OF THE COMPANY.**

If hired, I agree to conform to the rules and regulations of the Company, and I understand that the Company has complete discretion to modify such rules, policies and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing such information.

If hired by the Company, I understand that I will be required to provide genuine, unexpired documentation establishing my identity and eligibility to be legally employed in the United States by the Company. I also understand that the Company employs only individuals who are legally eligible to work in the United States.



APPLICATION FOR EMPLOYMENT cont'd

Northern Air Systems, Inc. is an equal opportunity employer. Northern Air Systems, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Northern Air Systems, Inc. to hire me. If I am hired, I understand that either Northern Air Systems, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Northern Air Systems, Inc. has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Northern Air Systems, Inc. true and complete information on this application. No requested information has been concealed. I authorize Northern Air Systems, Inc. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIX (6) MONTHS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

BY SIGNING BELOW, I AFFIRM THAT I HAVE READ AND AGREE TO ALL THE INFORMATION CONTAINED IN THIS APPLICATION.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to the Company personnel who need to know, the applicant, and the applicant's legal guardian.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Voluntary Self-Identification of Gender, Race/Ethnicity and Veteran Status

As a federal contractor, Northern Air Systems, Inc. is subject to governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In compliance with these regulations, we are required to record the number of employees by gender, race/ethnicity group, and veteran status.

Completion of this form is voluntary, and we hope we choose to do so. Refusal to provide this information will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you chose not to self-identify your race/ethnicity at this time, the federal government requires Northern Air Systems to determine this information by visual survey and/or other available information.

**Anti-Discrimination Notice:** It is unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individuals' race, color, religion, sex, or national origin.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you chose to voluntarily self-identify, you may mark only one of the boxes presented below.

### INVITATION TO SELF-IDENTIFY

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify. Definitions are provided on the back of this form.

- Hispanic or Latino**
- White**
- Black or African American**
- Asian**
- Native Hawaiian or Other Pacific Islander**
- American Indian or Alaska Native**
- Two or More Races**

What is your Gender?       Male       Female

**Veteran Status:** If you believe you belong to any of the categories of protected veterans listed on the back of this form, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA (Vietnam Era Veterans' Readjustment Assistance Act), 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 on the back of this form.
- I am not a protected veteran.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Definitions:**

**Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.

**White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American:** a person having origins in any of the black racial groups of Africa.

**Asian:** 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:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.

**Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

**Protected Veterans:** Northern Air Systems, Inc. is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 USC 4212 (VEVRAA), which requires Government contractors to that affirmative action to employ and advance in employment veterans in the following classifications:

- A disabled veteran includes and veteran of the U.S. military, ground, naval or air service who: (a) 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 Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.
- Recently Separated Veteran includes 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, navel or air service.
- Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran includes 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.



## 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

New Hire: \_\_\_\_\_ Existing Employee: \_\_\_\_\_

Payroll system updated: \_\_\_\_\_ Updated by: \_\_\_\_\_

*This form has a retention of three years.*