Arvos Ljungstrom LLC
3020 Truax Road
Wellsville, NY 14895
585-593-2700

EQUAL OPPORTUNITY EMPLOYER

LJUNGSTRÖM | ◈ ARVOS GROUP

APPLICATION FOR ADMINISTRATIVE/OFFICE EMPLOYMENT

Note: Please print or type all entries

Date:_____

Position Applied For:_____

Referred By:_____

Please provide your desired salary expecations $_____

<mark>Field required for job consideration</mark>

Note: The law against discrimination prohibits discrimination because of age, race, creed, sex, religion, national origin, handicapped, disabled veterans or veterans of the Vietnam era.

Name in Full   _____
              Last   *First*   *Middle*

Home Address   _____
              Street and Number   City   State   Zip

Home Phone _____   Cell Phone _____

Email Address _____   Social Security Number _____

Are you at least 18 years of age?   ☐ Yes   ☐ No
    If no, you may be required to provide authorization

Are you legally eligible to work in the United States?   ☐ Yes   ☐ No
    If you answered NO and are hired, you will be required to provide proof of identity and eligibility to work in the US

Have you ever worked for ARVOS Ljungstrom LLC or any affiliate company? ☐ Yes ☐ No

If yes, please provide dates _____   Job Title _____

EDUCATION

	Name and Address of School	Major Courses
High School		
College		
Business or Trade		
Other		

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PRIOR WORK HISTORY (List in order, last or present employer first)

Dates From	To	Name and Address of Employer	Job Title	Reason for Leaving

List Special Skills & Accomplishments

PERSONAL REFERENCES (Not Relatives)

Name	Phone Number	Occupation

NOTICE

I hereby affirm that, to the best of my knowledge, all answers to the foregoing questions and statements are true. I further understand that employment is terminable at will by either party and is contingent upon satisfactory completion of a drug test. I have read and understand this statement.

Signature_____

TO BE COMPLETED BY HUMAN RESOURCES

Hire Date _____   Position – Job Class _____ Rate of Pay _____

Cost Center _____..Department _____ Supervisor _____

Authorized by _____ Date _____

Voluntary Self-Identification of Disability

Name: _____   Date: _____

Employee ID: _____

(if applicable)

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.

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: _____

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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 procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Ethnicity and Race Definitions

- **Hispanic or Latino** - 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.

- **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

- **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.

- **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.

- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

- **Two or More Races (Not Hispanic or Latino)** - A person who identifies with more than one of the above five races.

Protected Veteran Definitions

- **Disabled Veteran** - *one* of the following:
  - 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.

- **Recently Separated Veteran** - 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.

- **Active Duty Wartime or Campaign Badge Veteran** - 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 bage has been authorized under the laws administered by the Department of Defense.

- **Armed forces service medal veteran** - a 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.

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Invitation to Self-Identify

This **page** contains sensitive information to be stored in secure file separately from personnel records.

_____
Date

_____   _____
Full Name   **Job Position**

ARVOS Ljungstrom LLC is a Federal contractor and an **Equal Opportunity Employer.** UUNGSTROM is subject to Executive Order 11246, which requires government contractors ta take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject ta Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action ta employ and advance in employment protected veterans. In order to comply with these laws, UUNGSTROM invites applicants ta voluntarily self-identify their gender, race/ethnicity and protected veteran status. UUNGSTROM does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Submission of this information is voluntary and refusal to provide it 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 laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Check one of the following:

- _____ Male
- _____ Female
- _____ I choose not to self-identify

Check one of the following:

- _____ Hispanic
- _____ White (Not Hispanic or Latino
- _____ Black or African American (Not Hispanic or Latino)
- _____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- _____ Asian (Not Hispanic or Latino)
- _____ American Indian or Alaskan Native (Not Hispanic or Latino)
- _____ Two or more races (Not Hispanic or Latino)
- _____ I choose not to self-identify

Check one of the following:

- _____ I identify as one or more of the classifications of protected veterans as defined on the following page
- _____ I am not a protected veteran
- _____ I choose not to self-identify

Resume can be attached at that time, if available.