



APPLICATION FOR EMPLOYMENT

P.O. BOX 5107, SIOUX FALLS, SD 57117-5107



(PLEASE PRINT)

FOR OFFICE USE ONLY

NAME: _____ DATE: _____
(LAST) (FIRST) (MIDDLE)

FOR PURPOSES OF CHECKING PAST EMPLOYMENT, IS THERE ANY OTHER NAME YOUR RECORDS MAY BE FOUND UNDER?

(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (APT) (CITY) (STATE) (ZIP)

PHONE NUMBER: _____ BUSINESS OR SECONDARY CONTACT NUMBER: _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES ☐ NO ☐

EMAIL ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE USA? YES ☐ NO ☐

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS
WILL BE REQUIRED UPON EMPLOYMENT.

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH RAVEN OR AEROSTAR? YES ☐ NO ☐

POSITION(S) PREFERRED: _____

AVAILABILITY: (CHECK ALL THAT APPLY) FULL-TIME ☐ PART-TIME ☐ TEMPORARY ☐ DAY SHIFT ☐ NIGHT SHIFT ☐

NOTICE TO APPLICANTS:

APPLICANTS FOR EMPLOYMENT WITH RAVEN OR AEROSTAR MUST PASS A PRE-EMPLOYMENT DRUG TEST AND PRE-PLACEMENT SCREENING. ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON SUCCESSFULLY PASSING ALL COMPANY PRE-PLACEMENT TESTS.

DO YOU CURRENTLY HAVE ANY RELATIVES EMPLOYED BY RAVEN OR AEROSTAR? YES ☐ NO ☐

NAME: _____ RELATIONSHIP: _____ WHAT DEPARTMENT: _____

HAVE YOU EVER BEEN EMPLOYED BY RAVEN OR AEROSTAR? NO ☐ YES ☐ IF SO, WHEN? _____ UNDER WHAT NAME CAN YOUR RECORDS BE FOUND? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO ☐ YES ☐ IF YES, EXPLAIN: _____
(A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT)

DRIVER'S LICENSE NUMBER: _____ STATE: _____
(REQUIRED ONLY WHEN APPLYING FOR POSITIONS INVOLVING DRIVING - YOU MUST BE ABLE TO PASS A CHECK FOR VIOLATIONS UPON HIRE AND ANNUALLY.)

EDUCATIONAL RECORD (INCLUDE NATIONAL GUARD)

SCHOOL	DATES		NAME OF SCHOOL	CITY	STATE	MAJOR AREA OF STUDY	GRADUATE		DEGREE RECEIVED
	FROM	TO					YES	NO	
HIGH SCHOOL									
COLLEGE/UNIVERSITY									
GRADUATE SCHOOL									
GED									

EMPLOYMENT HISTORY

LIST YOUR LAST THREE (3) EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITIES, **STARTING WITH THE MOST RECENT**, INCLUDING MILITARY EXPERIENCE. EXPLAIN ANY GAPS IN EMPLOYMENT IN THE LAST SECTION.

EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE YOUR RESPONSIBILITIES
		FROM	TO	
ADDRESS	CITY, STATE, ZIP			
JOB TITLE		STARTING RATE OF PAY		
		\$	PER	
IMMEDIATE SUPERVISOR & TITLE		FINAL RATE OF PAY		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR A REFERENCE? YES NO LATER				
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE YOUR RESPONSIBILITIES
		FROM	TO	
ADDRESS	CITY, STATE, ZIP			
JOB TITLE		STARTING RATE OF PAY		
		\$	PER	
IMMEDIATE SUPERVISOR & TITLE		FINAL RATE OF PAY		
REASON FOR LEAVING		\$	PER	
EMPLOYER	TELEPHONE	DATES EMPLOYED		SUMMARIZE YOUR RESPONSIBILITIES
		FROM	TO	
ADDRESS	CITY, STATE , ZIP			
JOB TITLE		STARTING RATE OF PAY		
		\$	PER	
IMMEDIATE SUPERVISOR & TITLE		FINAL RATE OF PAY		
REASON FOR LEAVING		\$	PER	

PLEASE LIST BELOW ANY EMPLOYERS PRIOR TO THOSE LISTED ABOVE:

EMPLOYER – CITY & STATE	DATES EMPLOYED	JOB TITLE	REASON FOR LEAVING

IF YOU NEED ADDITIONAL SPACE, PLEASE TURN TO PAGE 5.

ADDITIONAL INFORMATION: (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT)

SKILLS AND QUALIFICATIONS:

LIST MACHINES YOU CAN OPERATE:

REFERENCES: (List 2 references, other than relatives, who can give a valid evaluation of your work ability)

Name: _____ Occupation: _____

Address: _____ City _____ State _____ Zip _____ Phone: _____

Name: _____ Occupation: _____

Address: _____ City _____ State _____ Zip _____ Phone: _____

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. WE DO NOT DISCRIMINATE BASED ON AGE, RACE, SEX, COLOR, RELIGION, HANDICAPPING CONDITION, NATIONAL ORIGIN, OR VETERAN'S STATUS. FEDERAL LAW REQUIRES US TO PROVIDE REASONABLE ACCOMMODATION FOR KNOWN DISABILITIES FOR APPLICANTS AND EMPLOYEES UNLESS IT WOULD CAUSE UNDUE HARDSHIP. IF YOU REQUIRE ANY ACCOMMODATION, PLEASE LET US KNOW DURING OR PRIOR TO THE INTERVIEW. **PLEASE COMPLETE THE APPLICANT DATA SURVEY.**

PRE-EMPLOYMENT AGREEMENT

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary, I agree that any offer of employment may be contingent upon the results of a job-related test, drug test and clearance of references. Additionally, I understand that nothing contained in the employment application or in the granting of an interview or in any policies, procedures or handbooks that I might receive is intended to create an employment contract between the Employer and myself.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release past employers from liability of damages for providing requested information.

Signature: _____ Date: _____

APPLICANT DATA SURVEY

Completion of information below is voluntary, but very important to our EEO Reporting.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

DATE: _____ NAME: _____

POSITION(S) APPLIED FOR: _____

REFERRAL SOURCE: (check one) **If referred by Raven/Aerostar employee, write employee name in "name of source" below.**

PRIVATE AGENCY	GOVERNMENT EMPLOYMENT AGENCY	WALK IN	NEWSPAPER AD	FRIEND OR RELATIVE	SCHOOL	INTERNET	RADIO AD	JOB FAIR	EMPLOYEE	OTHER (specify):

NAME OF SOURCE (if applicable): _____

We comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

CHECK ONE: ☐ MALE ☐ FEMALE**Please be advised that this survey is not a part of your official application for employment. It is considered confidential.**CHECK ONE: ☐ U.S. BORN CITIZEN ☐ NATURALIZED U.S. CITIZEN ☐ ALIEN RESIDENT ☐ OTHER: _____ (Specify)CHECK ONE: ☐ HISPANIC OR LATINO ☐ WHITE ☐ TWO OR MORE RACES
☐ BLACK OR AFRICAN AMERICAN ☐ ASIAN ☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**U.S. MILITARY RECORD:** (note: National Guard experience should be listed in the Work History Section)

ACTIVE DUTY FROM: _____ TO: _____ BRANCH: _____

TYPE OF DISCHARGE: _____ DISCHARGE RANK: _____

JOB TITLE: _____ DESCRIBE YOUR JOB DUTIES: _____

INVITATION TO APPLICANTS TO IDENTIFY THEMSELVES AS DISABLED, OR A VA CERTIFIED DISABLED VETERAN.

This section pertains only to disabled persons and VA Certified Disabled Veterans. A "Disabled Person" refers to any person who has a physical or mental impairment that substantially limits one or more major life activities (performing manual tasks, learning, walking, seeing, hearing, speaking, etc.), has a record of such impairment, or is regarded as having such an impairment. If you feel you meet the above definition of "disabled", Raven/Aerostar invites you to inform us so that you may be given consideration under our Affirmative Action Program and offered reasonable accommodation.

Provision of this information is strictly voluntary; this information will be kept in the individual's file. The information is considered confidential except that supervisors may be informed regarding restrictions on the work and any necessary accommodations. Please use the space below to describe the nature of the disability and accommodations that could be made to help you adapt to a job. Please be specific.

Do you require any special testing or interviewing procedures? NO ☐ YES ☐ Describe: _____Are you a VA CERTIFIED DISABLED VETERAN? NO ☐ YES ☐

ADDITIONAL INFORMATION: