



AVR, INC. & AFFILIATES
APPLICATION FOR DOT DRIVER EMPLOYMENT
14698 Galaxie Avenue, Apple Valley, MN 55124
(An Equal Opportunity Employer)



Notice: AVR, Inc. & Affiliates requires that applicants present themselves in person and personally complete and sign at our office (or specified project or job site hiring office) the Employer's original employment application form and will not accept photocopied, mailed, faxed, e-mailed or third-party applications or unsolicited employment referrals from any source.

AVR, Inc. & Affiliates is an equal employment opportunity employer and will not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, religion, creed, age, sex, national origin, ancestry, marital status, familial status, pregnancy, disability (including those related to pregnancy or childbirth), sexual orientation, genetic information, complaining in good faith to the Employer or to a public authority, status with regard to public assistance, membership or non-membership in a labor organization, military, National Guard or reserve service, or any other characteristic or activity protected under federal, state or local law. None of the questions in this application is intended to elicit information regarding any protected characteristic(s), nor imply any limitation, illegal preference or discrimination based upon non-job-related information or protected characteristic(s). AVR, Inc. & Affiliates complies with all applicable legal requirements in its hiring process and related tests and background checks.

If you are hired by AVR, Inc. & Affiliates you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time, for any reason. Similarly, if you are hired, AVR, Inc. & Affiliates will have the right to terminate your employment at any time, for any reason, with or without cause, notice or prior warning or discipline. No AVR, Inc. & Affiliates supervisor or manager has the authority to offer or promise anything other than at-will employment, and no subsequent transfer, promotion or change in your employment will affect your at-will employment status.

NOTICE: THE LAW AND/OR POLICIES OF AVR, INC. & AFFILIATES MAY DISQUALIFY AN INDIVIDUAL WITH A PARTICULAR CRIMINAL HISTORY BACKGROUND FROM EMPLOYMENT IN PARTICULAR POSITIONS

Answer ALL Questions Completely and Accurately - Please Print - Be Sure to Complete ALL Questions Fully and Accurately!

Full Name: _____ Date: _____

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

If you have not resided at this address for the last three (3) years, please attach a list of all addresses for the past three (3) years.

Telephone No: (_____) _____ Social Security No: _____

What kind of work are you applying for? _____

What special qualifications do you have for this position? _____

What machines can you operate? _____

Date of Birth: _____

If hired, can you furnish proof that you are eligible to work in the United States? (Answer Yes or No) _____

DRIVERS LICENSE AND DRIVING RECORD

If your employment requires you to drive any vehicle or equipment as part of your work duties, your motor vehicle driving records must be and will be verified before your employment begins.

License Number _____ Class _____ State _____

What date does your license expire? _____

Do you carry on ICC Physical card? (Answer Yes or No) _____

Do you have a CDL, Commercial Drivers License? (Answer Yes or No) _____

If yes, please list the issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you: _____

EDUCATION

Name of School	City and State	Course of Study
High		
College		
Other		

WORK EXPERIENCE

List last **THREE (3)** years of general experience and the last **TEN (10)** years of experience with commercial motor vehicles.

Company	From/To	Duties	Salary Start/Finish	Reason for Leaving

Describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semitrailers, full trailers, and pole trailers) which you have operated: _____

List all motor vehicle accidents in which you were involved during the last three (3) years, specifying the date and nature of each accident and any fatalities or personal injuries it caused: _____

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) which you were convicted or forfeited bond or collateral during the last three (3) years: _____

Have you ever had a motor vehicle license, permit, or privilege denied, revoked, and/or suspended? (Answer Yes or No) _____

If yes, describe, in detail, the facts and circumstances of the denial, revocation, and/or suspension: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed by your previous employers?
If **YES**, please list previous employer's names

Were any of your previous jobs designated as a safety sensitive function subject to the drug and alcohol testing?

If **YES**, please list previous employer's names

Have you ever been fired, laid off or asked to resign by an employer? (Answer Yes or No) _____

If **YES**, please explain: _____

REFERENCES

Give complete address and telephone numbers. DO NOT list friends and relatives – We request at least TWO supervisors or co workers.

Name	Address / Phone	Relationship

You may be asked to provide a medical history, submit to a drug and/or alcohol test and/or physical/medical examination if you are made a conditional offer of employment. Are you willing to do so? (Answer Yes or No) _____

ACKNOWLEDGMENT: PLEASE READ AND SIGN (if you agree)

By my signature below, I promise that the information provided in this employment application (and any related information provided by me) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date, no matter how long I have been employed. I agree to immediately notify AVR, Inc. & Affiliates if I should be convicted of or plead guilty to any crime during my period of employment if hired by AVR, Inc. & Affiliates.

I authorize AVR, Inc. & Affiliates (the "Employer") to obtain and/or to provide any and all information and opinion which the Employer elects to obtain, use or provide in connection with my application for employment and/or any employment with the Employer, prior to, during and after my employment. Such information and opinion may be sought from any and all prior employers (except as noted above), schools or other persons or organizations who may have information the Employer deems relevant in connection with my application for employment and during my employment, and may be provided by the Employer in response to any request for information and opinion concerning my employment or my separation from employment with the Employer, to any and all banks or mortgage companies, governmental agencies, insurers, prospective employers or other schools, persons or organizations deemed appropriate for receipt of such information by the Employer. I understand that the Employer may provide any and all information and opinion, which may include, but is not limited to, opinions about my conduct, performance, attendance, or any other aspect of my reputation or character, which may be positive or negative. I agree to hold the Employer (including its principals, employees, agents, consultants, attorneys and insurers) and any such other employer, school, person or organization providing or receiving any such information and opinion, harmless and free of any and all claims or causes of action arising from any such provision or receipt of information and opinion, no matter what its character.

I UNDERSTAND THAT THIS APPLICATION DOES NOT CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, I AM OBLIGATED TO COMPLY WITH ANY AND ALL CURRENT AND SUBSEQUENTLY ADOPTED AVR, INC. & AFFILIATES POLICIES, AND THAT AVR, INC. & AFFILIATES DOES NOT OFFER CONTRACTS, PROMISES OR REPRESENTATIONS RELATED TO EMPLOYMENT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME FOR ANY REASON, WITH OR WITHOUT CAUSE, NOTICE OR PRIOR WARNING OR DISCIPLINE. I UNDERSTAND THAT NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS STATED IN THIS EMPLOYMENT APPLICATION.

Applicant's Signature _____

Date _____

DON'T FORGET... You must be enrolled in Clearinghouse to be considered for this job!
<https://clearinghouse.fmcsa.dot.gov> Click "Register" and follow the prompts. It's fast.



Voluntary Self-Identification Survey Form Applicant

WHY THIS FORM?

Our company is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

THE NECESSARY LANGUAGE

At this time, we are asking you to help us meet our obligations by providing certain information. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to so will not result in any adverse treatment. The information you provide will be held in strict confidence except that:**

- 1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
- 2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
- 3) Government officials investigating affirmative action program compliance may have access to reported information.

AVR, Inc. and Affiliates (AVR, Inc.) abides by the requirements of federal laws which prohibit discrimination of individuals with the following legally protected status: race, color, religion, sex, sexual orientation, gender identity, national origin, disability and protected veterans. AVR, Inc. also abides by affirmative action requirements to employ and advance in employment qualified individuals without regard to race and sex (per Executive Order 11246), disability (per 41CFR 60-741.5(a)), and protected veteran status (per 41CFR 60-300.5(a)).

THE NEXT 5 PARTS ARE FOR YOU – VOLUNTARY ONLY

PART I. General Information

Name: _____ Date: _____

Position Applied for: _____ Your Highest Level of Education: _____

PART II: Referral Source: Please indicate how you heard about this opening

- | | | | | |
|--|--|--|---|--------------------------------------|
| <input type="checkbox"/> Company website | <input type="checkbox"/> Job board | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Temp agency | <input type="checkbox"/> Search firm |
| <input type="checkbox"/> Educational institution | <input type="checkbox"/> Walk-in | <input type="checkbox"/> Employee referral | <input type="checkbox"/> College Recruiting | |
| <input type="checkbox"/> Professional Assoc. | <input type="checkbox"/> State employment agency | <input type="checkbox"/> Other | | |

PART III. Gender, Ethnicity and Race Information:

Gender

CHECK ONE:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I choose not to disclose this information
------------	--

Ethnicity

CHECK ONE:	<input type="checkbox"/> Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) <input type="checkbox"/> Not Hispanic or Latino (if not Hispanic or Latino, please address race below) <input type="checkbox"/> I choose not to disclose this information
------------	--

Race

<p>CHECK ONE: (do not respond if you selected Hispanic or Latino above)</p>	<p><input type="checkbox"/> White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races</p> <p><input type="checkbox"/> I choose not to disclose this information</p>
---	---

PART IV. Protected Veterans

The definitions of protected veterans are listed below. Use the boxes following the definitions to indicate whether you are a protected veteran

<p>Disabled Veteran</p>	<p>A “disabled veteran” is one of the following: 1. 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 2. A person who was discharged or released from active duty because of a service-connected disability.</p>
<p>Recently Separated Veteran</p>	<p>A “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.</p>
<p>Active Duty Wartime or Campaign Badge Veteran</p>	<p>An “active duty wartime or campaign badge 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 for which a campaign badge has been authorized under the laws administered by the Department of Defense.</p>
<p>Armed Forces Service Medal Veteran</p>	<p>An “armed forces service medal veteran” means 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.</p>

<p>CHECK ONE:</p>	<p><input type="checkbox"/> I am a Protected Veteran</p> <p><input type="checkbox"/> I am not a Protected Veteran</p> <p><input type="checkbox"/> I choose not to disclose the information</p>
-------------------	--

- If you are a disabled veteran, you may use the space below to tell us about. **If not, you are all done! Thank you.**
1. Any special skills, knowledge, or abilities which may qualify you for positions within AVR, Inc. so that you can be considered for positions of that kind, and
 2. Any reasonable accommodation that you may need because of a disability which would enable you to engage in the application process or perform the essential functions of the job properly and safely. This might include, but is not limited to, a change to application or work procedures, documents in an alternate format, sign language interpreter, or specialized equipment.

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.

Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. 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	Cerebral palsy	Missing limbs or partially missing limbs
Autoimmune disorder such as lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS	Deaf or hard of hearing	Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
Blind or low vision	Depression or anxiety	Psychiatric condition such as bipolar disorder, schizophrenia, PTSD, or major depression
Cancer	Diabetes	
Cardiovascular or heart disease	Epilepsy	
Celiac disease	Gastrointestinal disorders such as Crohn's or irritable bowel syndrome	
	Intellectual disability	

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.