



APPLICATION FOR EMPLOYMENT

Date of Application _____

AVB offers equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran's status, sex, national origin, physical or mental disability, or any other legally protected status. No question on this application is intended to secure information to be used for discriminatory reasons. This application will be considered an active application until the position applied for has been closed.

NAME, ADDRESS _____ _____ City: _____ State: _____ Zip: _____	CONTACT INFORMATION: Phone: _____ Other: _____ Email: _____
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Position Applying For:* _____ _____ _____	Salary Requirement \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual Do you wish to work <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time Hours Date available for work _____ Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Why do you wish to change jobs? _____ _____ May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain. _____ _____ Have you ever filed an application for employment with us or worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes was it under a different name? _____
<small>*(Applications accepted for open positions only) *This application is valid for <u>one position only</u></small>	

Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a bond refused or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____ _____ Have you ever been convicted or pled guilty or "no contest" to a felony? (Conviction of a felony may not automatically disqualify an applicant for employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No Nature of offense _____ Court date: _____ Location: _____ Have you ever been discharged from any employment or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____ _____

How did you learn about AVB? (Circle one)

Advertisement: _____ Friend Walk-in Current Employee
Other: _____ Tulsahelpwanted.com Tulsaworldjobs.com

Hours Available (Circle the days of the week that you are available and list hours of availability.)

Monday Tuesday Wednesday Thursday Friday Saturday
From: _____
To: _____

NOTE: Work schedules are based on the needs of the business and may be subject to change.

Employment History

Begin with your MOST RECENT employment and continue with all past employment, attaching a second sheet if necessary. List and explain any gaps in your employment history.

Name of Employer: _____
Address (including city, state and zip) _____
Telephone Number: _____ Position: _____
Supervisor Name: _____ Dates Employed: _____ to _____
Responsibilities: _____
Reason for leaving: _____
Beginning Pay: \$ _____ Final Pay: \$ _____

Name of Employer: _____
Address (including city, state and zip) _____
Telephone Number: _____ Position: _____
Supervisor Name: _____ Dates Employed: _____ to _____
Responsibilities: _____
Reason for leaving: _____
Beginning Pay: \$ _____ Final Pay: \$ _____

Name of Employer: _____
Address (including city, state and zip) _____
Telephone Number: _____ Position: _____
Supervisor Name: _____ Dates Employed: _____ to _____
Responsibilities: _____
Reason for leaving: _____
Beginning Pay: \$ _____ Final Pay: \$ _____

References References should include one or more past supervisors / managers.

Name, Address, Zip Code	Occupation	Telephone Number (s)
_____	_____	_____
_____	_____	_____

Name, Address, Zip Code	Occupation	Telephone Number (s)
_____	_____	_____
_____	_____	_____

Name, Address, Zip Code	Occupation	Telephone Number (s)
_____	_____	_____
_____	_____	_____

List Special Skills, Training, Seminars, Certificates, Licenses, Experience, Calculator, Data Entry, Microsoft Office or other Software Skills, Competencies, or other qualifications that you believe should be considered in evaluating your qualifications for employment. Include the level of competency. _____

EDUCATION	Name of school	Course of Study	# of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				
Other				

NOTIFICATION AND AGREEMENT
(Please read before signing)

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to the Human Resources Department before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I authorize you to communicate with persons listed as references, former employers, and any other with whom you desire to check if I am being considered for employment or, if hired, as an employee. I agree to release such persons from any liability or damages with respect to any information they may give about me.

I consent to such investigations as AVB may make regarding driving records, law enforcement records, credit reports and my general background and will agree to be fingerprinted, if necessary.

I understand that all applicable portions of this application must be completed or I will be ineligible for consideration for the position for which I am applying.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on AVB. I understand this decision is to rest with AVB.

If employed, I agree to hold in strictest confidence any information concerning AVB, it's Insureds, and its Agents, that may come to my knowledge.

I understand that, depending on the position applied for, prior to being offered employment with AVB I may be requested to take an examination pertaining to skills or equipment operation. In the event I have a disability that will affect my ability to take the test(s), I will so inform AVB prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. AVB reserves the right to require medical documentation concerning the need for the accommodation.

In consideration of my employment, if I am employed, I agree to conform to the employment policies and rules of AVB and understand that the policies and rules are not a condition of employment and that they may be unilaterally revised, in whole or in part, at any time. I also understand that my employment and compensation can be terminated, with or without cause at any time, with or without notice at any time, at the option of either AVB or myself. I understand that no representative of the Company, other than the Chief Executive Officer, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that any misrepresentation, deception, or false statements of any kind or omissions of facts called for on this application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

I understand that AVB and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

I understand that if an employment relationship is established, I have the right to terminate my employment at any time and that AVB retains the same right.

DO NOT SIGN THIS UNLESS YOU HAVE READ THE ENTIRE DOCUMENT.

Printed Signature of Applicant: _____

Signature of Applicant: _____

Date: _____

TO BE COMPLETED BY THE EMPLOYER:

Date of Employment _____ Job Title _____

Job Class _____ EE01 Code _____ Department _____ Location _____

Employee Type: _____ Monthly Salary \$ _____ Hourly Rate \$ _____

Full Time

Part-Time

Number of Part-Time Hours Monthly: _____

DISCLOSURE AND CONSENT TO OBTAIN CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT

I, _____, understand that in connection with my application for employment and/or at any time during my employment with AVB, AVB may request and obtain for employment purposes a consumer report and/or an investigative consumer report from a consumer reporting agency.

I understand that the report(s) may contain information concerning my social security number, motor vehicle operation history, criminal history, my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment from previous employers, and other information to the extent permitted by law from various local, state, and federal agencies, private and insurance sources, and other available public records.

I understand that a consumer report and/or investigative consumer report may be obtained by AVB for employment purposes, as defined under the Fair Credit Reporting Act, or as defined under comparable state law. Specifically, this information may be requested for purposes of employment, including, but not limited to, initial employment, promotion, reassignment, or retention as an employee.

I understand that investigative consumer reports involve personal interviews with sources such as neighbors, friends, or associates. As to investigative consumer reports, I understand I have the right to request, in writing, information pertaining to the nature and scope of the investigation and a written summary of my rights under the Fair Credit Reporting Act.

I voluntarily and knowingly authorize and request any present or former employer, school, law enforcement or other local, state or federal agency, financial institution or other entity or persons having knowledge about me, to furnish to any consumer reporting agency utilized by AVB, with any and all information and records about me (with the exception of medical information and records) in their possession for the purpose of preparing a consumer report and/or an investigative consumer report.

My signature below authorizes the procurement of consumer reports and/or investigative consumer reports by AVB prior to and/or during my employment at AVB.

I would like a copy of any report requested and obtained by AVB at no charge to me.

Social Security #: _____

Please Print Last Name: _____ First _____ Middle _____

Please Print Maiden Name: _____ Other Name(s) used: _____

Current Address: _____

Past Addresses: _____

The above information is required by law enforcement agencies and other entities for identification matching when checking records. It is strictly confidential and is used only for that purpose.

Date: _____ Signature: _____



APPLICANT'S CONSENT TO DRUG/ALCOHOL TESTING

I understand it is the policy of the company/organization to conduct drug and/or alcohol tests of job applicants for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for consideration of employment with the company/organization is the satisfactory passing of the company's/organization's drug and/or alcohol test(s).

For the purpose of being further considered for employment, I hereby agree to submit to a drug and/or alcohol test.

I understand that favorable test results will not necessarily guarantee that I will be employed by the company/organization.

If I am accepted for employment, I agree to take drug and/or alcohol tests randomly and whenever requested by the company/organization, and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to the testing agency to release to the company/organization and other officially written requests from interested parties, a copy of the results of my tests.

At this time I consent to a drug and/or alcohol test.

(Signature of applicant) (Date signed)

(Printed name of applicant)

(Signature of witness)

Position Applied For: _____

PRE-EMPLOYMENT VOLUNTARY QUESTIONNAIRE

As an equal opportunity employer, we are obligated by Federal and State regulations to monitor our employment practices. To ensure the accuracy of this information, your assistance in this questionnaire will be greatly appreciated.

Information concerning race, sex, veteran's status or disability will not be used to discriminate against or give preference to any individual. This data will be kept separate from the application and is used for statistical purposes only. Response is voluntary and answers will remain confidential.

ETHNIC GROUP

Hispanic or Latino

Person of Mexican, Puerto Rican, Cuban Central or South American, or other Spanish Culture or origin, regardless of race.

_____ YES
_____ NO

RACE

_____ **White**

Person having origins in any of the original peoples of Europe, North Africa, or the Middle East

_____ **Black or African American**

Person having origins in any of the Black racial groups of Africa.

_____ **American Indian or Alaskan Native**

Person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____ **Asian**

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**

Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Some other race**

_____ **Two or more races**

According to the Office of Management and Budget standards:
People who identify their origin as Spanish, Hispanic, or Latino may be of any race.

SEX

_____ Male
_____ Female

APPLICANT'S NAME: _____
(please print)

SIGNATURE: _____

DATE: ____/____/____