



ADVANCED INDUSTRIAL SERVICES, INC.
AIS GRAPHIC SERVICES, INC.
 3250 SUSQUEHANNA TRAIL • YORK, PA 17406
 800-544-5080 • 717-764-9811
 AIS-YORK.COM



Affirmative Action: Applicant Voluntary Self Identification of Disability

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

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:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- HIV/AIDS
- Cerebral palsy
- Muscular dystrophy
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Missing limbs or partially missing limbs
- Autism
- Schizophrenia
- Bipolar disorder
- Major depression
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

_____ YES, I HAVE A DISABILITY (or previously had a disability)

_____ NO, I DON'T HAVE A DISABILITY

_____ I DON'T WISH TO ANSWER

Your Name: _____

Today's Date: _____

Your Signature: _____



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Affirmative Action: Voluntary Self Identification Form

Advanced Industrial Services is an Equal Opportunity Employer, government contractor and a recipient of government funding and other grants. As required by law, we must record certain information to be made a part of our Affirmative Action Program. We comply with Section 402 of the Vietnam Era Readjustment Assistance Act of 1974 and Section 503 of the Rehabilitation Act of 1973. In an effort to fulfill our responsibilities under the law and to garner support for grant and budget requests, we choose to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era (Section 402) and qualified handicapped persons (Section 503).

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) applicants are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information:

NAME: _____ DATE: _____

POSITION: _____

Section 2: Please check all that apply (please see following page for definitions)

Race or Ethnic Identity	Gender	**Disability and Veteran Status
<input type="radio"/> Hispanic or Latino	<input type="radio"/> Male	<input type="radio"/> Disabled (i.e.: Physical, Visual, Amputation)
<input type="radio"/> White (not Hispanic or Latino)	<input type="radio"/> Female	<input type="radio"/> Disabled-Hidden (i.e.: Heart Disease, Cancer or Learning Disability)
<input type="radio"/> Black or African American (not Hispanic or Latino)		<input type="radio"/> Disabled Veteran
<input type="radio"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		<input type="radio"/> Vietnam Era Veteran
<input type="radio"/> Asian (not Hispanic or Latino)		<input type="radio"/> Other Protected Veteran
<input type="radio"/> American Indian or Alaskan Native (not Hispanic or Latino)		<input type="radio"/> Recently Separated Veteran
<input type="radio"/> Two or More Races (not Hispanic or Latino)		<input type="radio"/> Armed Forces Service Medal Veterans

I DO NOT WISH TO SELF-IDENTIFY

APPLICANT SIGNATURE _____

Your Contractor Of Choice For: Equipment Installations • Relocations • Maintenance • Remanufacturing
 Millwrighting • Rigging • Optical Alignment • Process Piping • Electrical • Transportation • Shop Fabrication
 Project Management • Warehousing • Pump-Clean Services™ • Energy Reduction & Recovery • RTOptimizer™

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

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)

All persons who identify with more than one of the above five races.

DISABILITY

An individual with disabilities is any individual who:

- Has a physical or mental disability that substantially limits one or more of such person's major life activities (taking mitigating measures into account)
- Has a record of such impairment (even if recovered): or
- Is regarded as having such an impairment

VETERAN IDENTIFICATION CATEGORIES

Disabled Veteran

Defined as (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.

Special Disabled Veteran

Defined as a veteran 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 Department of Veterans Affairs for a disability: (1) Rated at 30 percent or more; or (2) Rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or (3) A person who was discharged or released from active duty because of service-connected disability.

Veteran of the Vietnam-Era

Means a person who: (i) served on active duty in the U.S. Military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975, in any other location.

Other Protected Veteran

Includes any veteran who served on active duty in the U.S. military, ground, navel or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense

Separated Veteran

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran

Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.

Pre-JVA Veteran

Defined as an individual who is an employee of or applicant to a contractor with a contract of \$25,000 or more entered into prior to December 1, 2003 and unmodified since to \$100,000 or more, and who is a special disabled veteran, veteran of the Vietnam era, pre-JVA recently separated veteran, or other protected veteran.

Active Duty or Wartime Campaign Badge Veteran

Defined as 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.

Education:

Type of School	Name and City, State of School	Course of Study	Years completed	Did you Graduate	Type of diploma, Degree or certificate
High School					
Technical/ Trade School					
College					
Other					

Specify professional designations, certifications, license or registrations held: _____

Describe additional skills, training or ability you would like to have us consider in evaluating your qualifications:

References:

List three (3) references that are not related to you:

1. Name: _____ Phone Number: _____ Relationship: _____
2. Name: _____ Phone Number: _____ Relationship: _____
3. Name: _____ Phone Number: _____ Relationship: _____

Employment: *List most recent employer first*

1) Company: _____ Phone number: _____

Address: _____
Street City, ST Zip

Dates of Employment: _____ to _____ Supervisor: _____

Starting Rate of Pay: _____ Current or Ending Pay: _____

May we contact this company? ? YES NO Reason of leaving: _____

Job Title and Duties: _____

2) Company: _____ Phone number: _____

Address: _____
Street City, ST Zip

Dates of Employment: _____ to _____ Supervisor: _____

Starting Rate of Pay: _____ Current or Ending Pay: _____

May we contact this company? ? YES NO Reason of leaving: _____

Job Title and Duties: _____

3) Company: _____ Phone number: _____

Address: _____
Street City, ST Zip

Dates of Employment: _____ to _____ Supervisor: _____

Starting Rate of Pay: _____ Current or Ending Pay: _____

May we contact this company? ? YES NO Reason of leaving: _____

Job Title and Duties: _____

Advanced Industrial Services, Inc and AIS Graphic Services, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex marital status , national origin, disability or handicap or veteran status.

Disclaimer: I understand that if employed by AIS, Inc., my employment will be at-will, and not for a set period of time and may be terminated by me or AIS, Inc. at any time without notice or reason or cause. I understand that nothing will change the at-will status of my employment other than the execution of a written agreement signed by me and an authorized representative of AIS, Inc., that expressly changes the at-will status.

Verification of Information: I certify that the information provided on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I agree that falsified information or significant omission may disqualify me from further consideration of employment, and, if employed, may result in my termination.

Applicant Testing: I understand that I will be required to submit to and pass an 8 panel urine drug test as a condition of my employment.

Authorization: I authorize AIS, Inc. to investigate all statements contained in this application (and accompanying documentation, if any) and to make inquiries as may be necessary in determining an employment decision. I hereby release employers, schools, or persons from any and all liability in responding truthfully to inquiries related to my application for employment.

I understand that if accepted for employment, it is necessary to abide by the rules and policies of AIS, Inc.

Signature: _____ Date: _____

All applications are valid for 60 days from the date signed