

Applicants are considered for all positions, without regard to race, color, religion, sex, national origin, age, marital status, veteran status, height, weight, arrest record, or the presence of a non-job related medical condition or handicap.

Date of Application			
Referral Source	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other

Name	Last	First	Middle
Address	Street		
	City	State	Zip
Phone	Social Security Number		
Email			

If employed and you are under 18, can you furnish a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you filed an application here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date:
Have you been employed here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date:
Are you employed now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your present employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
On what date would be available for work?			

**EMPLOYMENT EXPERIENCE**

Start with your present or latest job. Include military service assignments, and volunteer activities. You may exclude organization names which indicate race, color, religion, sex, or national origin.

Employer	Telephone	Work Performed	
Address		Employed From	Employed To
Job Title		Starting Rate/Salary	Final Rate/Salary
Supervisor		Phone	Email
Reason for Leaving			

Employer	Telephone	Work Performed	
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Address		Employed From	Employed To
Job Title		Starting Rate/Salary	Final Rate/Salary
Supervisor		Phone	Email
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

**EDUCATION**

School	Dates Attended: To/From
Location	Major and Minor Subjects
Certificate/Degree/No. of Credits	Grade Average

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If you need additional space, please continue on a separate sheet of paper.

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience:	
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Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran of the U.S. Military Service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, which branch	

Indicate languages you speak, read, and/or write	
List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate religion, sex, or national origin.)	

**PERSONAL AND PROFESSIONAL REFERENCES**

List at least a total of 5 personal and professional references not related to you, have known you for one year or more, and are not previous employers.

Name	
Address	
Phone number	
Email	
How do you know person?	

Name	
Address	
Phone number	
Email	
How do you know person?	

Name	
Address	
Phone number	
Email	
How do you know person?	

Name	
Address	
Phone number	
Email	
How do you know person?	

Name	
Address	
Phone number	
Email	
How do you know person?	

If you need additional space, please continue on a separate sheet of paper.

**APPLICANT'S STATEMENT**

Upon signing this application, I certify that all of the information given by me in support of my application for employment is true and complete. I authorize FAAC to verify any of the information given by me in this application. I further authorize all references listed to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to FAAC. I agree that FAAC and my previous employer(s) shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated.

I understand that any offer of continued employment is contingent on my ability to receive and maintain a U.S. Government Security Clearance. I have reviewed the attached questionnaire that I will be required to complete during the Government Security Clearance application process, and I fully understand that these personal areas of my life will be investigated by the United States Government or its representatives.

I understand that FAAC complies with the rules and regulations of the Department of Defense's Drug-free Workforce Policy and that I am subject to the rules and testing procedures of this Policy if I am employed by FAAC. I agree that I shall be bound by other rules, policies, regulations and terms and conditions of employment imposed by FAAC as they are in effect from time to time. I further acknowledge that no modifications to these rules, policies, regulations or terms and conditions nor additional obligations may be imposed upon FAAC except those which have been acknowledged, in writing, by the President or his designated representatives.

In consideration of my employment, I further acknowledge that FAAC is an at-will employer; as such my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either FAAC or myself. I understand that no manager or representative of the company, other than an officer of FAAC, has any authority to enter into any agreement and that any such agreement must be in writing.

Beginning June 25, 1990, a handicapped person needing accommodations for employment must notify the employer in writing, within 182 days after the need is known.

I hereby acknowledge that I have read the above statement and understand it, that the misrepresentation or omission of facts called for hereon will, at FAAC's option, result in the cancellation of consideration for employment or dismissal from FAAC's services if I have been employed.

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 Signature (Acknowledgment)

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 Date

Return completed application to:

Linda Ward  
 Human Resource Manager  
 Arotech Training and Simulation Division  
 1229 Oak Valley  
 Ann Arbor, MI 48108  
 Voice: (734)761-5836  
 Fax: (734)531-4004  
 Email: lward@faac.com

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing the Company's compliance status shall be informed.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

(Optional) Social Security Number: \_\_\_\_\_

Gender: Please place a check next to the appropriate category

 MALE FEMALE**Race/Ethnicity - Please check one:** Hispanic or Latino Black or African American Native Hawaiian or Other Pacific Islander American Indian or Alaska Native White Asian Two or more Races**Veteran Status - Check all that apply:** Not a Veteran  Vietnam Era Veteran  I am a disabled Veteran \* I am a recently separated veteran \* Date of discharge (MM/DD/YY): \_\_\_\_\_ I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. I participated in a United States military operation for which an Armed Forces Service Medal was awarded while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Federal Regulation 1209)**Disability Status:** No Disability I am an individual with a disability\* I have received the form and decline to provide the requested information.

\*Categories consistent with 41 C.F.R. §60-300 &amp; Form VETS-IOOA

\* If you need a definition of these terms, please see below

**SELF-IDENTIFICATION FORM DEFINITIONS**

1. The term "Disabled Veteran" means:

A. 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; or

B. a person who was discharged or released from active duty because of a service-connected disability

2. The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.

3. An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.