



EMPLOYMENT APPLICATION

Serving professional communication needs worldwide since 1976, Williams AV offers digital, FM, infrared and induction loop wireless audio, as well as video annotation, presentation and conferencing systems. Our products are used in an array of commercial applications, including hearing assistance, language interpretation, tour, corporate, education, government and house of worship. Systems currently include Digi-Wave™ digital communication, Personal PA® FM Listening, SoundPlus® infrared, Digi-Loop® induction loop, Pointmaker annotation and Williams AV presentation and conferencing systems.

Williams AV is an Equal Opportunity and Veteran Friendly Employer. We will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance, or any other characteristic protected under federal, state or local law. Those applicants requiring reasonable accommodation in the application and/or interview process should notify Williams AV.



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EQUAL OPPORTUNITY & VETERAN FRIENDLY EMPLOYER

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

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Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department.

GENERAL INFORMATION

Please Print

Today's Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip Code

Home Telephone Number (____) _____ Cell Number (____) _____

Email: _____

Are you 18 years or older? [] Yes [] No

Are you legally authorized to work in the United States? [] Yes [] No

Proof of eligibility documentation must be provided at time of hire as required by law.

EMPLOYMENT DESIRED

Position Applied For _____

Do you want to work: Full-time _____ Part-time _____ Temporary _____?

Specify days and hours available, if part-time _____

Date available to start work _____ Salary Expectations _____

Have you applied for employment with this company within the last 12 months? [] Yes [] No

Have you ever worked for us before? [] Yes [] No
(Please provide your name of record at that time, job title and dates of employment)

EDUCATION

List education if it is related to the job for which you are applying.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age.

MISCELLANEOUS

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer, date of termination and reason for termination: _____



EMPLOYMENT HISTORY
(Please Start With Your Present or Most Recent Employer)

EMPLOYER NAME:	City: State: Zip:
EMPLOYER TELEPHONE NUMBER:	WEB SITE: YOUR JOB TITLE:
DATES EMPLOYED: FROM: TO:	SUPERVISOR NAME: JOB TITLE: EMAIL:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", why not?	

EMPLOYER NAME:	City: State: Zip:
EMPLOYER TELEPHONE NUMBER:	WEB SITE: YOUR JOB TITLE:
DATES EMPLOYED: FROM: TO:	SUPERVISOR NAME: JOB TITLE: EMAIL:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", why not?	

EMPLOYER NAME:	City: State: Zip:
EMPLOYER TELEPHONE NUMBER:	WEB SITE: YOUR JOB TITLE:
DATES EMPLOYED: FROM: TO:	SUPERVISOR NAME: JOB TITLE: EMAIL:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", why not?	



EMPLOYMENT REFERENCES

Please provide the names of three employment references that are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	City: State: Zip:	Email:	Years Known	In What Capacity
1.					
2.					
3.					

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- ❖ I certify that the information provided on this application is true and complete to the best of my knowledge. In the event of employment, I understand false and misleading information or omissions of fact called for in my application or interview(s) may be considered cause for dismissal.
- ❖ I authorize Williams AV to make any necessary investigations and inquiries of my previous employment, or other matters related to my employment. I expressly authorize any person, school, current or prior employer named in this application and in any related documents or interviews to provide any information or opinion requested by Williams AV, its agents and representatives in connection with my application, and I release all parties from liability in responding to such inquiries.
- ❖ I understand that all offers of employment are conditional upon satisfactory reference and background investigations, successful completion of a pre-employment drug and alcohol screening and production of documents necessary for Williams AV to verify identity and work authorization in accordance with the requirements of the Employment Eligibility Verification Form I-9.
- ❖ I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Williams AV. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and “at will” and that either I or Williams AV may terminate my employment at any time with or without notice or cause.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

Applicant’s Full Name (please print) _____

Signature

Date