



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Application will remain active for 30 days)

Position

Applied For: _____

Referral Source: _____

(advertisement, walk-in, internet posting, an employee or other?)

Name: _____

E-Mail Address: _____

Last First M.I.

Address: _____

Phone: (____) _____

Street City State Zip *Best number to reach you at*

Are you at least 18 years of age? Yes No

Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No

Date you are able to start work: _____

May we contact your current employer? Yes No

Are you on layoff status or subject to recall elsewhere? Yes No

Pay Expected: \$ _____ per _____

If hired, how long do you plan to continue working for the company? _____

Do you wish to work: Full-time Part-time Temporary

Are you willing and available to work? On call
 Days Evenings Nights
 Overtime Weekends Holidays

If applying for a job that requires one, do you have a valid driver's license? Yes No

Do you smoke? Yes No

Have you been convicted of a felony or misdemeanor? * Yes No

If so, explain _____

** A "yes" answer will not necessarily bar applicant from employment.*

Have you previously applied with us? Yes No

When _____

Have you previously worked with us? Yes No

When _____

Are any of your records under a different name? Yes No

If so, what name _____

Do you have any relatives working for us? Yes No

If so, who? _____

Is there any reason you might be unable to meet our attendance requirements? Yes No

If yes, please explain _____

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? _____

SKILLS / ABILITIES:

List any machines (shop and/or office) you are skilled in using: _____

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: _____

JOB REQUIREMENTS

Will you be able to perform the essential functions of the job, with or without reasonable accommodation?

Yes No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:

Address: _____ Phone: () _____

Start Date: _____ End Date: _____ Supervisor: _____ Rate of Pay \$ _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ End Date: _____ Supervisor: _____ Rate of Pay \$ _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ End Date: _____ Supervisor: _____ Rate of Pay \$ _____

Job Title & Duties: _____

Why Did You Leave? _____

PERSONAL REFERENCES (List Two)

Name: _____

Name: _____

Daytime Phone: () _____

Daytime Phone: () _____

Relationship: _____

Relationship: _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. **I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
2. **I AUTHORIZE** the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
3. **I UNDERSTAND** that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States
4. **I UNDERSTAND** and agree that if hired, my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing. I further understand this application does not constitute an agreement or contract for employment for any specified period or defined duration.
5. **I UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date _____ Signature of Applicant _____

APPLICANT AFFIRMATIVE ACTION INFORMATION

Aero Controls, Inc. is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, the employer invites applicants to voluntarily self-identify gender, race, and ethnicity. **Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and is only used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.** When reported, data will not identify any specific individual.

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, or other basis protected by local, state, or federal law.

PLEASE PRINT

Name:	Date:
Position Applied for (list only one):	

<p>1. Are you Hispanic or Latino/a? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Yes (Skip to question #3)</p> <p><input type="checkbox"/> No (Go to question #2)</p>
<p>2. What race or races do you consider yourself to be? (Check all that apply)</p> <p><input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><input type="checkbox"/> Asian: 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 Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment</p>
<p>3. What is your gender? Male <input type="checkbox"/> Female <input type="checkbox"/></p>
<p><input type="checkbox"/> I do not wish to Self-Identify</p>