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| APPLICATION FOR EMPLOYMENT |

**An Equal Opportunity Employer**

We do not disciminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that the selection decision be based on job-related factors.

Please ***PRINT*** the answers to each question fully and accurately. No action may be taken until you answer all the questions and then sign and date page 5 of the Application for Employment.

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| **PERSONAL INFORMATION** |
| Today’s date Social Security Number  Name  Last First Middle Maiden  Current address  Street City State Zip  Telephone ( ) Email  Are you at least 18 years old? Yes 🞎 No 🞎  Have you worked under any other names? Yes 🞎 No 🞎 If yes, please list    Have you been fired from a job? Yes 🞎 No 🞎 If yes, please explain      If hired, can you furnish proof you are eligible to work in the United States of America? Yes 🞎 No 🞎 |

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| **EMPLOYMENT DESIRED** |
| Position(s) applying for  Employment status desired (mark all applicable)  Full time 🞎 Part time 🞎 Temporary 🞎  Date available to start work  Have you ever applied for a position with A.E.R.O.; Inc.; APS, or A.E.R.O. Hose Shop?  Yes 🞎 No 🞎 If yes, when  Have you ever been employed by A.E.R.O., Inc.; APS; or A.E.R.O. Hose Shop?  Yes 🞎 No 🞎 If yes, when |

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| **EDUCATION** |
| High School  Name of Institution City and State  Attended from to Did you graduate? Yes 🞎 No 🞎  Degree  College  Name of Institution City and State  Attended from to Did you graduate? Yes 🞎 No 🞎  Degree  Other  Name of Institution City and State  Attended from to Did you graduate? Yes 🞎 No 🞎  Degree  Other  Name of Institution City and State  Attended from to Did you graduate? Yes 🞎 No 🞎  Degree |

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| **WORK EXPERIENCE** |
| Company  Current address  Street City State Zip  Telephone ( ) Supervisor  May we contact? Yes 🞎 No 🞎  Job title From to  Responsibilities    Reason for leaving (please be specific)      Company  Current address  Street City State Zip  Telephone ( ) Supervisor  May we contact? Yes 🞎 No 🞎  Job title From to  Responsibilities    Reason for leaving (please be specific) |

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| **WORK EXPERIENCE - continued** |
| Company  Current address  Street City State Zip  Telephone ( ) Supervisor  May we contact? Yes 🞎 No 🞎  Job title From to  Responsibilities    Reason for leaving (please be specific)      Company  Current address  Street City State Zip  Telephone ( ) Supervisor  May we contact? Yes 🞎 No 🞎  Job title From to  Responsibilities    Reason for leaving (please be specific) |

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| **MILITARY SERVICE** |
| Branch From to  Rank at discharge Type of discharge  If other than honorable, please explain |

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| APPLICATION FORM WAIVER |

***Please read carefully before signing***

In exchange for the consideration of my Application of Employment by [***Aviation Products Systems, Inc.*** or ***A.E.R.O. Hose Shop***] (hereinafter “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment‑at‑will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President or Branch Manager of the Company. Either the undersigned or the representative of the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits or policies and procedures and such changes may include a reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others and hereby release the Company from any liability because of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre‑employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of the Company’s application, the Company may request an investigative consumer report from a consumer-reporting agency including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that my employment with the Company shall be an orientation period of 90 days, and further that at any time during the orientation period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature Date signed

Date of birth