AeroControlex 4223 Monticello Blvd. South Euclid, OH 44121

"AN EQUAL OPPORTUNITY EMPLOYER" APPLICATION FOR EMPLOYMENT

Please PRINT in Full:

			Date:	
LAST NAME	FIRST NAME	MIDDLE INITIAL		
ADDREGG			Social Security No:	
ADDRESS			m 1 1	
CITY	STATE	ZIP	Telephone:	
	oice:		Years Experience Years Experience	
	oice:		Years Experience	
	Yes No Regular Temporary	Doto Avoilable t	o Start Work	
Employment Desired.	remporary	Date Available to	Date Available to Start Work:	
PERSONAL INFORMAT	ION:			
If yes, give particulars: _ If you have a Certifica *An applicant must answe	te of Qualification for Employment this question unless the record has been be answered if the nature of such converse.	nent', please attach. en expunged (sealed) pursuant to	o §2953.31, et.seq. Ob	nio Revised Code. The
EDUCATIONAL RECOR	D (Name and Address)	Circle Grade Co	mpleted	Did You Graduate?
Last Elementary School		1 2 3 4 5 6	5 7 8	
Last High School	ast High School		12	
College or University		Major Field:		Degree:
	ormation:			
EXPERIENCE:				
Computer Experience:	rienced operator of any office machines			
Factory: If you are an exp	erienced operator of any plant machine	s or equipment, please list:		

Note: If you are applying for a "Safety Sensitive" function, you will be required to submit to an FAA urinalysis drug test to determine the presence of Marijuana, Cocaine, Opiates, Amphetamines, Phencyclidine (PCP), Ecstasy, mandatory initial testing for Heroin and comply with FAA Alcohol Misuse Prevention Program.

"Safety Sensitive" means any employee performing overhaul and/or repair regulated by the FAA and any inspection or preservation of such product.

Give Firm Name and One business Reference **Employed** In applying here for employment, it is understood that we reserve the privilege of contacting past employers regarding references. May we also contact your present employer at this time? Yes____ No Are there any additional comments you would care to make regarding your experience? Why are you interested in employment here? What do you consider your qualifications?_____ AFFIDAVIT: I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character and qualifications, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools, or persons from liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without prior

Signature Date

Revised 10/01/2012

notice. I agree to abide by Company policy and rules.