Aero Power Services

Date

Position Desired

Pay Expected

Application for Employment

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Personal	Last Name, First, Middle	Home Telephone	
	Address	Date of Birth	
	City, State, Zip	Social Security No.	
	Are you legally eligible for employment in the United States? If so, when will you be available to begin work? $Y \square N$		
	Have you ever applied for employment with us? If yes, please provide month, year and location. Y N		
	Apart from absence for religious observance, are you available for full-time work? If not, what hours can you work?		
	Will you work overtime if asked?		
	Have you been convicted of any crimes in the past ten years, including misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? If yes, describe in full. $Y \square N$		
	Have you ever been bonded? If yes, with what employers?		
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	Other special training or skills (languages, machine operation, etc.)		
	High School, Name and Location of School	Number of Years Completed	
	Did you graduate? If yes, please provide course of study and degree or diploma received.		
	Business/Trade/Technical School, Name and Location of School	Number of Years Completed	
Education	Did you graduate? If yes, please provide course of study and degree or diploma received.		
guc	University, Name and Location of School	Number of Years Completed	
	Did you graduate? If yes, please provide course of study and degree or diploma received.		
	Graduate School, Name and Location of School	Number of Years Completed	
		Number of Years Completed	
ary	Graduate School, Name and Location of School Did you graduate? If yes, please provide course of study and degree or diploma received.	Number of Years Completed	
Military	Graduate School, Name and Location of School Did you graduate? If yes, please provide course of study and degree or diploma received. Y N Did you serve in the U.S. Armed Forces? If yes, in what Branch?	Number of Years Completed	

	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. We may contact the employers you list unless you indicate those that you do not want us to contact.		
Employment	Company Name	Telephone	
	Address	Employed (month and year) From / To	
	Job Title and Description of Work.	Weekly Pay (Start / End)	
	Reason for Leaving	Do Not Contact Reason	
	Company Name	Telephone	
	Address	Employed (month and year) From / To	
	Job Title and Description of Work.	Weekly Pay (Start / End)	
	Reason for Leaving	Do Not Contact Reason	
	Company Name	Telephone	
	Address	Employed (month and year) From / To	
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	Reason for Leaving	Do Not Contact Reason	
	Company Name	Telephone	
	Address	Employed (month and year) From / To	
	Job Title and Description of Work.	Weekly Pay (Start / End)	
	Reason for Leaving	Do Not Contact Reason	
Additional Information	Membership in professional and civic organizations, special accomplishments, awards, etc. (Exclude those which may disclose your race, color, religion, ag or national origin)		
<u> </u>			
	Please read and understand this statement before signing your application: The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.		
gnature	I authorize the employer to contact and obtain information about me from previous employers, education institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employernet resume or a personal interview.		
gna	To assist in the processing of my Application, I waive all rights and claims I may otherwise have again to evaluate my employment request and all other persons, corporations or organizations who provide		

Applicant's Si This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law.

I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement: Date

Signature