AEROMET WELDING & MACHINE SERVICES, INC. APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a <u>non-job-related</u> medical condition or handicap. All employees are paid semi-monthly.

Date of Application

Referral Source:	Advertise	ment	Friend	Rel	ative	Agency		Other
Name					Phone			
L	.ast	First	N	Niddle				
Address	Street		City		State		Zi	
°C #);	City	Driver		unahar		ιΡ
SS #					's License N			
Marital Status:	Single	Married	d Divo	rced	Children	lf yes, r	number	
Are you known to If yes, by what no	o schools/reference ame?	es by anoth	er name?				yes	no
Type of work desi	red (check one)	Full Time	e Par	t Time	Temp	orary	Sun	nmer
Do you have any If yes, please exp	restriction on the lain	hours you v	vork or of wo	rking on	rotating shif	ts?	yes	no
Do you have a C	ommercial Drivers	License (CI	DT)s				yes	no
lf not, are you wi	lling to get a CDL	at your owr	n expense, wł	nen asked	ļš		yes	no
Have you ever ha	ad your drivers lice	nse revoked	d, suspended	or restric	ted?		yes	no
Have you ever be or misdemeanor If yes, explain	een convicted, plea other than minor	ad guilty or traffic violat	nolo contend ions?	ere to an	y felony		yes	no
Do you currently If yes, list name(s	take any drugs (pı) and reason(s)	escription c	or not)?				yes	no
Do you currently	smoke or use tobo	acco produc	ts?				yes	no
Do any of your fr If yes, list name(s	iends or relatives) and relationship	work here? (s)					yes	no
Are you willing to	o travel if a job req	uires it?					yes	no
Are you able and	willing to climb a	nd work at :	safe heights a	above the	e ground?		yes	no
Are you on lay-ol	ff and subject to re	ecall?					yes	no
Can you safely lif	t and load packag	es up to 10	0 pounds?				yes	no
Have you ever be	en involved in an	injury while	on the job?				yes	no
	sability, a handica performing the jo lain				ld		yes	no

EMPLOYMENT EXPERIENCE

Lis	t each job held. Start with your Present or Last job.		
1.	Employer Address	Dates: From Salary/Hrly Rate	То
	Phone #		
	Phone #Supervis Job TitleSupervis Reason for Leaving	sor	
	Reason for Leaving		
	Work Performed		
Lis	t each job held. Start with your Present or Last job.		
2	Employer	Dates: From	То
	Address	Salary/Hrly Rate	
	Phone #Supervis Job TitleSupervis Reason for Leaving		
	Job TitleSupervis	sor	
	5		
	Work Performed		
	t each job held. Start with your Present or Last job. Employer Address	Salary/Hrly Rate	То
	Phone #		
	Job lifle Supervis	sor	
	Reason for Leaving		
	Work Performed		
Lis	t each job held. Start with your Present or Last job.		
4	Employer	Dates: From	То
ч.	Address	Salary/Hrly Rate	iv
	Phone #Supervis Job TitleSupervis Reason for Leaving Work Performed		
	Job Title Supervis	sor	
	Reason for Leaving		
	Work Performed		

Personal References (Not Former Employers or Relatives)

 Name:
 Address:
 Occupation

 1.
 2.

3.

Describe any type of maintenance or production experience and years of each:

List any maintenance or mobile equipment you can operate:

List other specialized courses and training you have had:

List kinds and types of instrumentation experience:

Have you served in an apprenticeship program? yes no Describe:

Use space below for any other experiences, skills, or qualifications which you feel would especially fit you for work with this company.

Education:

	Elementary	High School	College/ University	Graduate/ Professional
Name, City, and State of Educational Institution				
Years Completed				
Diploma/Degree				
Describe Course of Study:				
Describe any other specialized training or skills.				

List Completed Math and Science courses taken in school:

Are you a Veteran of the United States Military Service?

Agreement

I represent that the answers and information given by me in this application are true and complete without qualification. I hereby authorize this company to verify the same and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions, credit bureaus, and any other third party to give the company any information they have regarding me without receiving written notice from them. I have no objection to making application for security clearance, if necessary, signing the company's patent/employment agreement, or taking a medical examination.

The company has the right to terminate my employment at any time if it discovers that I have provided incomplete, untrue or misleading answers in this application or on any other document or form at any time during my employment. If terminated, I authorize the company to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party without any notification to me of such disclosure and I release the company from any liability in connection with such use or disclosure.

In consideration of my employment, I agree to conform to the rules and regulations of the company and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I understand that no manager or representative of the company, other than the president of the company, has any authority to enter into any agreement for employment for any period of time, or to make any agreement contrary to the foregoing, and that any change in the foregoing agreement must be in writing and personally signed by the president of the company.

Please read the above carefully before signing. Your signature indicates that you expressly agree with the foregoing.

Applicant

Date

Once the application is completed, please save and send to info@aerometmachine.com.

no

yes