



Employment Application

Personal

Position Applied For _____ Date ____/____/____

Name _____ Home Phone _____
Last First Middle

Address _____ Other Phone _____
Street City St. Zip

Are you at least 18 years of age? [] Yes [] No When are you available to begin work? ____/____/____

Have you ever worked for an Aero Technologies Group company? [] Yes [] No Dates _____

Are you legally entitled to work in the United States? [] Yes [] No (Proof of authorization will be required upon hire)

Are you related to anyone in the company? [] Yes [] No If yes, who? _____

Have you ever been convicted of a felony? [] Yes [] No

Please list any current professional certifications _____

May we contact your current employer? [] Yes [] No

Type of work desired [] Full-time [] Part-time [] Days [] Afternoon/Evening

Employment History

Please list most recent employer first

Name of Employer		Telephone Number	
Address		Supervisor's Name and Title	
Dates Employed From:	To:	Rate of Pay Beginning:	Ending:
Describe the work performed			

Name of Employer		Telephone Number	
Address		Supervisor's Name and Title	
Dates Employed From:	To:	Rate of Pay Beginning:	Ending:
Describe the work performed			

Employment History (continued)

Name of Employer		Telephone Number	
Address		Supervisor's Name and Title	
Dates Employed From:	To:	Rate of Pay Beginning:	Ending:
Describe the work performed			

Education

Type	Name	Major	Circle Last Year Attended	Graduated?	Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any academic honors, extracurricular activities, offices held, etc _____

References

Name	Telephone Number	Occupation	Years Known
	()		
	()		
	()		

Additional Information

Please list any additional information you feel is important in consideration of your application _____

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment terminated at any time.

Applicant's Signature _____ Date ____/____/____

Request for Job Applicant Information

The Aero Technologies Group is an affirmative action employer. In compliance with government regulations, we are required to record the number of applicants by sex and ethnic category.

We ask that you indicate your race or national origin and sex. This information will not be kept with your application or resume and will be used only in accordance with applicable federal and state regulations.

YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Your application for employment will be considered in the same manner whether you fill this form out or not.

Male Female

- American Indian/Alaskan Native** - A person having origins in any of the original peoples of North, South, or Central America who maintains tribal affiliation or community attachment.
- Asian** - A person with 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 Philippines and Thailand.
- Black or African American** - A person with origins in any of the black racial groups of Africa.
- Hispanic or Latino** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or other Pacific Islander** - A person with origins in any of the Original peoples of Hawaii, Guam, Samoa or other Pacific islands.
- White** - A person with origins in any of the original peoples of Europe, the Middle East, or North Africa.

Referral Source School Walk-in Workforce Services
 Internet Site: _____ Newspaper
 Current Employee _____
 Other _____

Job Title Applied For _____

Name _____

Date _____