

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print or type)

Position(s) Applied For Date

How did you hear about us?

Advertisement Relative Inquiry

Employment Agency Friend Other

Last Name First Name Middle Int.

Address: Street City State Zip Code

Telephone Numbers: Home Mobile Other Social Security Number

Best time to contact you at home is:..... am pm

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No

Have you ever filed an application with us before?..... Yes No
If yes, give date

Have you ever been employed with us before?..... Yes No
If yes, give date

Do any of your friends or relatives, other than spouse, work here?..... Yes No

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?... Yes No
Proof of citizenship or immigration status will be required upon employment

Date available for work What is your desired salary range?

Are you available to work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please Indicate Mornings Afternoons Evenings)
 Temporary (Please Indicate dates available -)

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

Have you been convicted of a felony within the last five years?..... Yes No
A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME AND ADDRESS
OF SCHOOL

COURSE OF STUDY

YEARS
COMPLETED

DIPLOMA / DEGREE

ELEMENTARY
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DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA CURRICULAR ACTIVITIES

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DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY

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EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDED ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

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| EMPLOYER | DATES EMPLOYED | | WORK PERFORMED | |
| | FROM | TO | | |
| ADDRESS | CITY | STATE | | ZIP |
| TELEPHONE NUMBER | | | | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |

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| EMPLOYER | DATES EMPLOYED | | WORK PERFORMED | |
| | FROM | TO | | |
| ADDRESS | CITY | STATE | | ZIP |
| TELEPHONE NUMBER | | | | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |

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| EMPLOYER | DATES EMPLOYED | | WORK PERFORMED | |
| | FROM | TO | | |
| ADDRESS | CITY | STATE | | ZIP |
| TELEPHONE NUMBER | | | | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |

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| EMPLOYER | DATES EMPLOYED | | WORK PERFORMED | |
| | FROM | TO | | |
| ADDRESS | CITY | STATE | | ZIP |
| TELEPHONE NUMBER | | | | |
| JOB TITLE | SUPERVISOR | | | |
| REASON FOR LEAVING | | | | |

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

YOU MAY EXCLUDED ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

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ADDITIONAL INFORMATION

OTHER QUALIFICATIONS

SUMMERIZE SPECIAL JOB-RELATEDDD SKILLS AND QUALIFICAITONS ACQUIRED FORM EMPLOYMENT OR OTHER EXPERIENCE.

SPECIALIZED SKILLS

(CHECK SKILLS / EQUIPMENT OPERATED)

State any additional information you feel may be helpful to us in considering you application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT REASONABLE ACCOMMODATION, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED? A REVEIW OF THE ACTIVITIES INVOLVED IN SUCH A JOB OR OCCUPATION HAS BEEN GIVEN

YES NO

REFERENCES

| | | | | |
|-----------|-----------|---|----------|--|
| 1. | Name | <input style="width: 100%;" type="text"/> | | |
| | Address | <input style="width: 80%;" type="text"/> | City | <input style="width: 20%;" type="text"/> |
| | State | <input style="width: 15%;" type="text"/> | Zip Code | <input style="width: 25%;" type="text"/> |
| | Telephone | <input style="width: 100%;" type="text"/> | | |
| 2. | Name | <input style="width: 100%;" type="text"/> | | |
| | Address | <input style="width: 80%;" type="text"/> | City | <input style="width: 20%;" type="text"/> |
| | State | <input style="width: 15%;" type="text"/> | Zip Code | <input style="width: 25%;" type="text"/> |
| | Telephone | <input style="width: 100%;" type="text"/> | | |
| 3. | Name | <input style="width: 100%;" type="text"/> | | |
| | Address | <input style="width: 80%;" type="text"/> | City | <input style="width: 20%;" type="text"/> |
| | State | <input style="width: 15%;" type="text"/> | Zip Code | <input style="width: 25%;" type="text"/> |
| | Telephone | <input style="width: 100%;" type="text"/> | | |

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that , unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

By checking this box I acknowledge that I am sending this form electronically and that my signature will be required should my qualifications contained herein afford me the opportunity to be interviewed by Prescott Aerospace, Inc. I authorize Prescott Aerospace to conduct preliminary investigation into my qualifications based on the information that I have voluntarily supplied electronically on this application for employment.

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