

**AERO METALS, INC. APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer**

ALL APPLICANTS ARE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE, VETERAN STATUS, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Sought: \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Desired Wage/Salary \$ \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No If yes, please describe the circumstances:

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment? [ ] Yes [ ] No

No

If yes, please describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

School Name	Location	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT**

*(Most Recent Job First)*

1. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Other Position(s) Held (if any): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? [ ] Yes [ ] No

Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Other Position(s) Held (if any): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? [ ] Yes [ ] No  
Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Other Position(s) Held (if any): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? [ ] Yes [ ] No  
Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Other Position(s) Held (if any): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? [ ] Yes [ ] No  
Starting Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
Duties Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

### ACKNOWLEDGMENT AND AUTHORIZATION

I hereby certify that the information provided on this application is true and complete, and I understand and agree that false Statements, misrepresentations, or significant omissions in this application or during any subsequent interview form proper grounds for not hiring me or for terminating my employment if discovered at a later date.

I hereby authorize Aero Metals, Inc. to investigate fully all information contained in this employment application and to investigate and compile any other information that may bear upon my suitability for employment. I further authorize my past and present employers to furnish Aero Metals, Inc. with my complete records of employment together with the reasons for my separation and any and all information that such employers may possess concerning me. I release past and present employers and their officials, officers and agents from any and all liability or any damages that may accrue to me by reason of furnishing such information and I similarly release Aero Metals, Inc. from liability or damages for compiling such information.

I understand and agree that if I am employed, the employment relationship will be terminable at will by either party without notice or cause, notwithstanding any other oral or written statements by either party prior to, at, or following date of employment unless set out in writing, dated, and executed by both parties or their designated legal agents.

I understand that prior to employment, or from time to time during the course of my employment, I may be required, to the extent permitted by law and any applicable contract, to take a drug or alcohol screen, or similar test or examination, as a condition of hiring or continued employment.

I understand that this application will be considered active for a period of ninety (90) days only, and that I will not be considered for employment after ninety (90) days from the date of this application unless I complete a new application at that time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date