



Factory: If you are an experienced operator of any plant machines or equipment, please list: \_\_\_\_\_

Note: If you are applying for a "Safety Sensitive" function, you will be required to submit to an FAA urinalysis drug test to determine the presence of Marijuana, Cocaine, Opiates, Amphetamines, Phencyclidine (PCP), Ecstasy, mandatory initial testing for Heroin and comply with FAA Alcohol Misuse Prevention Program.

"Safety Sensitive" means any employee performing overhaul and/or repair regulated by the FAA and any inspection or preservation of such product.

Give Firm Name and One business Reference

Employed					

In applying here for employment, it is understood that we reserve the privilege of contacting past employers regarding references.

May we also contact your present employer at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any additional comments you would care to make regarding your experience? \_\_\_\_\_

Why are you interested in employment here? \_\_\_\_\_

What do you consider your qualifications? \_\_\_\_\_

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**<sup>1</sup>

**Please read this carefully before signing.**

I understand that if I am hired, any employment with Aero Fluid Product would be "at will," meaning that either I or the Company may terminate the employment relationship at any time for any reason, with or without notice and with or without cause. I further acknowledge my understanding that statements which may be contained in policies, handbooks, and other Company material do not create any contracts of employment, express or implied; and that any promises to the contrary will only be relied upon by me if they are in writing signed by the Company President.

For purposes of any background check that the Company may conduct related to my employment, I hereby authorize any individual and entity to provide information about me, and I hereby waive any claim against such individuals or entities related to the information they may provide.

By signing my name below, I certify that all responses on this Application are true and complete. I understand that any false answers or statements or omissions made by me on this Application or any supplement thereto or in connection with the above-mentioned investigations may result in rejection of my Application, or if I am employed, may result in immediate discharge.

I understand this Application will be considered current for 60 days, and that a new Application must be completed for further consideration after 60 days.

I acknowledge that I have read and understand the above statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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<sup>1</sup> [Note to Company -- to be deleted from Application form: If Aero Fluid Products is using an outside third party to conduct background checks, this authorization form is not sufficient. Rather, the Company must provide the Applicant with separate, stand-alone Disclosure and Authorization forms which comply with the requirements of the federal Fair Credit Reporting Act.]