

# **NOTICE**

## **TO ALL APPLICANTS FOR WORK**

We hire only U.S. citizens and lawfully authorized alien workers.

Applicants who are offered a job will be required to present documents proving their identity and eligibility to work in the United States.

1. A social security card, passport and/ or birth certificate and a valid state driver's license or other state issued I.D. with your picture will do.
2. If the above documents are not available, you must satisfy the requirements of the law with other documents. Ask your employment interviewer about these other documents if you do not have those listed above.

We will make a record of those documents you provide and keep copies in our files. In addition, the Immigration and Naturalization Service (INS) requires you to complete INS Form I-9, stating under penalty of perjury you have a right to work in this Country and that your documents are genuine.

AEROSPACE ENGINEERING AND SUPPORT, INC.

APPLICATION FOR EMPLOYMENT

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, HANDICAP OR VETERNA STATUS.

Position Applied for: \_\_\_\_\_

Name:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Are you legally eligible for employment in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you work overtime is asked? Yes \_\_\_\_\_ No \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

Special Training or skills (Languages, Machine Operators, etc.) \_\_\_\_\_

\_\_\_\_\_

Will you travel in the USA? Yes \_\_\_\_\_ No \_\_\_\_\_, Outside USA? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you travel to third world countries? Yes \_\_\_\_\_ No \_\_\_\_\_

**MILITARY**

Did you serve in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" in what branch? \_\_\_\_\_

Describe any training received to the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

SCHOOL	LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS	DID YOU GRADUATE?	DEGREE OR DIPLOMA
GRADUATE					
COLLEGE					
BUSINESS/TRADE/TECH					
HIGH SCHOOL					

## EMPLOYMENT EXPERIENCE

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Employed (State Month and Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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

State Job Title & Describe Your Work: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Employed (State Month and Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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

State Job Title & Describe Your Work: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Employed (State Month and Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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

State Job Title & Describe Your Work: \_\_\_\_\_

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

What was your previous address? \_\_\_\_\_

How long at present address? \_\_\_\_\_

How long at previous address? \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" with what employers? \_\_\_\_\_

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes \_\_\_\_\_ No \_\_\_\_\_

Salary Expected? \_\_\_\_\_ Minimum Acceptable? \_\_\_\_\_

Are you willing to work Saturdays? \_\_\_\_\_

Are you willing to accept variations in work hours? \_\_\_\_\_

**Personal References** (Not Former Employers or Relatives)

Name and Occupation	Address	Phone

1. I agree and understand that this application for employment in no way obligates the employer to offer me employment.
2. I agree to take and pass a drug screen at any time before or after employment as a condition of employment of AES.
3. I agree and understand that, if hired, I will be on a three month evaluation period during which time I may be discharged without recourse. If employed, I understand that my employment is for no definite time, and if terminated, the employer is liable only for wages and eligible benefits earned as of the date of termination.
4. If hired, I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.
5. I hereby authorize any former employer, firm or corporation listed here-on including this company to answer any and all questions and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records.
6. I understand, also, that I am required to abide by the policies, rules and regulations of the company.
7. If hired, I agree to provide proof of my U.S. Citizenship or my legal authorization to work in the United States.
8. I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal if I have been employed.

I hereby acknowledge that I have read the above statements and understand the.

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Signature/Acknowledgment

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Date

**AEROSPACE ENGINEERING AND SUPPORT, INC.**  
**SUBSTANCE ABUSE SCREENING PROGRAM AGREEMENT**  
**POLICY AGREEMENT**

Our Government contracts require that we maintain a drug free workforce.

Aerospace Engineering and Support, Inc. (AES) also recognizes that drug and alcohol abuse poses a major problem to the workplace in terms of quality and employee health and productivity. If unattended such abuse can have an adverse effect on job performance. Not only is the use and influence of drugs or alcohol on AES property a violation of AES rules, it also poses a potential safety hazard to the user and to the other employees.

It is intended that the substance abuse screening procedure identify drug and alcohol abusers and eliminate applicants who might be involved in drug abuse from employment consideration and thereby maintain a positive working environment.

The substance abuse screening procedure may be accomplished using urine sampling performed under the supervision of a qualified medical person.

\_\_\_\_\_, SS# \_\_\_\_\_, understand, authorize and consent that AES, or its agent(s) now and at future dates may conduct substance abuse screening procedures as may be required. I further understand, authorize and consent that this may include blood and urine sampling and that my employment with AES may be contingent upon the successful completion of the substance abuse screening requirements. My signature below indicates that I have read, understood, authorized and consented to the above statement; and hereby voluntarily participate in the Substance Abuse Screening Program.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_