



## EMPLOYMENT APPLICATION

<b>PLEASE PRINT OR TYPE</b>			Today's Date _____	
_____	_____	_____	_____	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Preferred Name/Nickname</i>	
_____	_____	_____	_____	_____
<i>Street Address</i>	<i>Apt #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____	
<i>Home Phone</i>	<i>Alternate/Work Phone</i>	<i>Email Address</i>		

<b>PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION</b>								
<b>Are you interested in:</b>	_____	Full Time	_____	Part Time	_____	Temporary		
<b>What schedule would you prefer?</b>	_____	Weekdays	_____	Weekends	_____	Evenings	_____	Nights
<b>How did you hear about the position?</b>	_____	Internet	_____	Friend (Name)	_____	Other		
<b>Desired Pay:</b>	Hourly Pay	\$ _____	Annual Pay	\$ _____	\$ _____			
	(Minimum, if applicable)			Minimum	Desired			
<b>When are you able to start work?</b>	Date: _____							
<b>Position desired:</b>	_____							

<b>PLEASE CHECK YES OR NO TO THE FOLLOWING:</b>	
<b>Are you authorized to work in the United States?</b>	_____ Yes _____ No
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Owl Aerospace will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.	
<b>Are you under 18 years of age?</b>	_____ Yes _____ No
If yes, can you furnish a work permit?	_____ Yes _____ No
<b>Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?</b>	_____ Yes _____ No

*Owl Aerospace is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. Owl Aerospace also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.*

**PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)**

	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____ / ____ Month      Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month      Year	TELEPHONE NUMBER		TERMINATION  VOLUNTARY INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				
	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____ / ____ Month      Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	
TO ____ / ____ Month      Year	TELEPHONE NUMBER		TERMINATION  VOLUNTARY INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>				
	COMPANY NAME			YOUR POSITION and TITLE	
FROM ____ / ____ Month      Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION	
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER	
	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$	

TO  ____ / ____ Month      Year	TELEPHONE NUMBER	TERMINATION  VOLUNTARY INVOLUNTARY	REASON
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u> AND <u>REASON(S) FOR TERMINATION</u>			

**STARTING SALARY**

- STARTING SALARY IS OPEN FOR NEGOTIATION
- I HAVE ESTABLISHED \$ \_\_\_\_\_ PER MONTH AS A MINIMUM STARTING SALARY

**HOW SOON AFTER ACCEPTING AN OFFER COULD YOU REPORT FOR WORK?** \_\_\_\_\_

**PLEASE READ THE PARAGRAPH BELOW CAREFULLY. YOU MUST PROVIDE AN ANSWER.**

**WITHIN THE PAST 10 YEARS** HAVE YOU BEEN CONVICTED OF AN OFFENSE AGAINST CIVILIAN OR MILITARY LAW, OR BEEN RELEASED FROM A PRISON OR OTHER DETENTION FACILITY FOR ANY OFFENSE AGAINST CIVILIAN OR MILITARY LAW? (OMIT (1) TRAFFIC VIOLATIONS WITH A FINE UNDER \$100, EXCEPT WHERE ALCOHOL OR DRUGS WERE INVOLVED, AND (2) ANY OFFENSE COMMITTED BEFORE YOUR 18<sup>TH</sup> BIRTHDAY WHICH WAS FINALLY ADJUDICATED IN A JUVENILE COURT OR UNDER A YOUTH OFFENDER LAW. A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. **A BACKGROUND INVESTIGATION WILL BE CONDUCTED ON ALL NEW EMPLOYEES.**

YES                            NO     

IF YOU CHECKED THE "YES" BOX, PLEASE LIST THE OFFENSES FOR WHICH YOU WERE CONVICTED:

\_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS MADE ARE TRUE AND CORRECT, WITHOUT MENTAL RESERVATIONS OF ANY KIND WHATSOEVER AND HEREBY AUTHORIZE OWL AEROSPACE INC. OR M.A.D.E. INC. TO VERIFY SAME. IF EMPLOYMENT IS OBTAINED UNDER THIS APPLICATION, I WILL COMPLY WITH ALL ORDERS, RULES AND REGULATIONS OF THE COMPANY. I ALSO AUTHORIZE MY FORMER EMPLOYERS, CUSTODIANS OF CRIMINAL HISTORY AND EDUCATIONAL INSTITUTIONS TO GIVE ANY INFORMATION THEY MAY HAVE REGARDING ME WHETHER OR NOT IT IS ON THEIR RECORD. I HEREBY RELEASE THEM AND THEIR ORGANIZATIONS FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING SAME. IF UPON INVESTIGATION, ANYTHING CONTAINED IN THIS APPLICATION IS FOUND TO BE UNTRUE, I UNDERSTAND I WILL BE SUBJECT TO DISMISSAL AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT. I UNDERSTAND THAT MY PRESENT EMPLOYER WILL NOT BE CONTACTED UNTIL I HAVE ACCEPTED AN EMPLOYMENT OFFER OR UNLESS SO AUTHORIZED IN THE "EMPLOYMENT HISTORY" OF THIS APPLICATION.

I UNDERSTAND THAT IF I AM EMPLOYED BY OWL AEROSPACE INC., MY EMPLOYMENT IS AT WILL AND MAY BE TERMINATED BY ME OR THE COMPANY AT ANY TIME AND FOR ANY REASON.

**ELECTRONIC SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand that checking this box constitutes a legal signature.

**WE APPRECIATE YOUR INTEREST IN OWL AEROSPACE AND/OR M.A.D.E. INC. AND THE TIME YOU HAVE TAKEN TO COMPLETE THIS APPLICATION.**

**EDUCATION:**

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

**PROFESSIONAL DESIGNATIONS:**

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

**PROFESSIONAL LICENSES:**

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

**REFERENCES: Please list three professional references**

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

***I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

**ELECTRONIC SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I understand that checking this box constitutes a legal signature.