## "AN EQUAL OPPORTUNITY EMPLOYER" APPLICATION FOR EMPLOYMENT

Aero Fluid Products 313 Gillett Street Painesville, Ohio 44077

The Company does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, genetic information, physical or mental disability, or on any other basis prohibited by applicable federal, state or local law. Applicants may request reasonable accommodation to participate in the application/interview process.

<u>Please PRINT in Full:</u>				
10 1 10 0 10 1 10 1 10 1 10 1 10 1 10	The section of the se	San 1	Date:	1779 - 176
LAST NAME	FIRST NAME	MIDDLE INITIAL		
ADDRESS	n Bor i Bor i Sar			
			Telephone:	
CITY	STATE	ZIP		
Job Applied For: First Choice			Years' Experie	nce
	The state of the s		Years' Experie	
	/esNo	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Employment Desired: Reg	gular Temporary	Date Available t	o Start Work:	
PERSONAL INFORMATION	<u>ı:</u>			
	of or did you plead "guilty" or "no een sealed or expunged). Yes		demeanor other	than a minor traffic offense?
	from employment but rather will be and seriousness of the offense, reha			
If you have a 'Certificate of	f Qualification for Employmen	nt', please attach.		
EDUCATIONAL RECORD	(Name and Address)	Circle Grade Co	mpleted	Did You Graduate?
Last Elementary School				
Last High School		9 10 11	12	Security of the security of th
College or University		Major Field:		Degree:
Additional Educational Inform	nation:			
- 1 1 Sec 1	1 8 80 1 80 0 800 1 800	e lieg i lion ii	Total of Total of	
EXPERIENCE:				
Have you ever worked here be	efore? YES NO			
Computer Experience:		die jaalle balle		
Office: If you are an experien	ced operator of any office machines	or equipment, please list:		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		I III	
The second second			e turkle	

Note:	If you are applying for a <u>"S</u>	afety Sensitive" function, you raine, Opiates, Amphetamines	will be required to submit	to an FAA urinalysis	s drug test to determine the
	comply with FAA Alcohol	Misuse Prevention Program.  ny employee performing over			
	Name and One business Reference				
Emple	oyed				
	we also contact your present any additional comments y	is understood that we reserve nt employer at this time? You would care to make regard	Yes No ding your experience?		
		ent here?			
Why are	you interested in employme				

## APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION 1

## 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	

<sup>&</sup>lt;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.]