



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER, M/F/V/H

Internet: www.aerofin.com

MAIN OFFICE & MANUFACTURING FACILITY

4621 Murray Place
 P.O. Box 10819
 Lynchburg, VA 24506
 Phone: (434) 845-7081
 Fax: (434) 528-6242

This APPLICATION FOR EMPLOYMENT will only be accepted if fully completed, dated, and signed. Copies will not be accepted. Print must be clear and legible.

| | | |
|----------------------------|----------------------|---|
| Name (Last, First, Middle) | | |
| Street Address | | |
| City, County, State, Zip | | |
| Home Telephone Number | | |
| E-Mail Address | | Mobile Telephone Number |
| Position Applied For | Rate of Pay Desired | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/> Any Shift <input type="checkbox"/> Office Hours <input type="checkbox"/> OT |
| Date Available for Work | Referral Source/Name | Date of Application |

This Company is an at-will employer. That means that either you or the Company is free to end the employment relationship at any time, with or without notice or cause. Nothing in this Application For Employment either now or in the future, is intended to change the at-will nature of our relationship.

Are you at least 18 years of age and authorized to work in the US? Yes No

Have you ever been convicted of a crime, excluding minor traffic violations?
 (Conviction is not an automatic bar to employment.) Yes No

If "YES" Describe: _____

Have you served as a member of the U.S. Military Service? Yes No
 If "YES", what were your major duties (Include special training)?

Were you employed previously by Aerofin? Yes No
 If "YES" From _____ To _____

Do any of your relatives/friends work for Aerofin? Yes No
 Please list names: _____

| EDUCATION (start with High School) (High School, University/College, Vocational School, Military Education, Apprenticeship, Etc.) | | | |
|---|--------------|-------------------------|---------------------|
| School Name | Degree/Major | Highest Grade Completed | No. Years Completed |
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| REFERENCES (Please identify three (3) individuals who can attest to your character: Minimum of two of the three listed must be business references.) | | |
|--|---------|-----------|
| Name | Address | Telephone |
| | | |
| | | |
| | | |

| Honors, Specialized Training or Studies, Apprenticeship, Skills, Extra-Curricular Activities and Information that would assist us in consideration of your qualifications: (Exclude any group(s) or Organization(s) that may indicate race, color, religion and/or national origin) |
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EMPLOYMENT RECORD (List a ten year history past and present employers, starting with the most recent; attach an additional sheet if necessary.)

| | | | | | |
|---|--------------|------------|----------------------------|------------|-------------------------------------|
| 1 | Company Name | | Supervisors Name and Title | | |
| | Address | | Starting Rate | Final Rate | Your Job Title and Responsibilities |
| | City | State | | | |
| | Phone Number | | Reason for Leaving | | |
| | Start Date | Final Date | | | |
| | | | | | |

May we contact your present employer? Yes No

EMPLOYMENT RECORD (continued)

| | | | | | |
|---|--------------|------------|--------------------|----------------------------|-------------------------------------|
| 2 | Company Name | | | Supervisors Name and Title | |
| | Address | | Starting Rate | Final Rate | Your Job Title and Responsibilities |
| | City | State | | | |
| | Phone Number | | Reason for Leaving | | |
| | Start Date | Final Date | | | |
| | | | | | |

| | | | | | |
|---|--------------|------------|--------------------|----------------------------|-------------------------------------|
| 3 | Company Name | | | Supervisors Name and Title | |
| | Address | | Starting Rate | Final Rate | Your Job Title and Responsibilities |
| | City | State | | | |
| | Phone Number | | Reason for Leaving | | |
| | Start Date | Final Date | | | |
| | | | | | |

| | | | | | |
|---|--------------|------------|--------------------|----------------------------|-------------------------------------|
| 4 | Company Name | | | Supervisors Name and Title | |
| | Address | | Starting Rate | Final Rate | Your Job Title and Responsibilities |
| | City | State | | | |
| | Phone Number | | Reason for Leaving | | |
| | Start Date | Final Date | | | |
| | | | | | |

| | | | | | |
|---|--------------|------------|--------------------|----------------------------|-------------------------------------|
| 5 | Company Name | | | Supervisors Name and Title | |
| | Address | | Starting Rate | Final Rate | Your Job Title and Responsibilities |
| | City | State | | | |
| | Phone Number | | Reason for Leaving | | |
| | Start Date | Final Date | | | |
| | | | | | |

IMPORTANT: CAREFULLY READ THE FOLLOWING BEFORE SIGNING

"I hereby certify that the answers and statements given by me in the foregoing application for employment are true and correct and I hereby authorize my potential employer to investigate same. I agree to hold the suppliers of any information and/or records used to verify this information harmless from any disclosure. This authorization is intended to include, but is not limited to, former employers and educational institutions.

I agree that if I have been made an offer of employment, I will take a physical examination and answer certain pre-employment inquiries. I understand that satisfactory results of the examination and inquiries are a condition of employment.

I understand that falsification, omission or misrepresentation of the facts contained in this application or in any of the information supplied as part of a post-offer entrance examination or inquiry is cause for rejection of the application for employment and/or withdrawal of a conditional job offer and/or dismissal from employment. If, upon investigation, information provided in this application or as part of a post-offer entrance examination or inquiry is found to be untrue, I understand I will be subject to dismissal at any time during the period of my employment."

- **If you have any questions regarding this application, you are to ask a Company Representative before signing.**
- **I have read and understand the above statement.**
- **By signing this application I affirm that all information is complete and accurate.**

Dated: _____ Sign Full Name: _____

(APPLICANT DO NOT WRITE BELOW THIS LINE)

| INTERVIEWER(S) | DATE | COMMENTS |
|----------------|------|----------|
| | | |

DISPOSITION OF APPLICATION

- | | |
|---|--|
| <input type="checkbox"/> Failed to complete application | <input type="checkbox"/> Education lacking |
| <input type="checkbox"/> Failed to return for interview | <input type="checkbox"/> Skill lacking |
| <input type="checkbox"/> Qualified but no present vacancies | <input type="checkbox"/> Failed physical requirements |
| <input type="checkbox"/> Unfavorable interview | <input type="checkbox"/> Other, not listed (explain in comments) |
| <input type="checkbox"/> Unfavorable reference check | <input type="checkbox"/> Offer declined Date |
| <input type="checkbox"/> Unsatisfactory work history | <input type="checkbox"/> Offer accepted Date |

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Pre-Offer Voluntary Self-Identification

Aerofin is an EEO/Affirmative Action Employer

GENDER CATEGORIES

- Male Female Do Not Wish to Identify

PROTECTED VETERAN CATEGORIES

- Protected Veteran Not a Protected Veteran Do Not Wish to Identify

DEFINITIONS

RACE OR ETHNIC IDENTITY DESCRIPTIONS:

Hispanic or Latino - includes a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) - includes a person having origins in any of the original peoples of Europe, North Africa, the Middle East, or North America.

Black or African American (not Hispanic or Latino) - includes a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - includes a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) - includes a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) - includes a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) - includes a person who identifies with more than one of the above races.

PROTECTED VETERAN CATEGORY DESCRIPTIONS:

Disabled Veteran – includes: (1) any veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs, or (2) any person who was discharged or released from active duty because of a service-connected disability.

Active Duty Wartime or Campaign Badge Veteran - includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.

Recently Separated Veteran - includes any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran - includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.