Callies Performance Products, Inc. Aviation Manufacturing Company, Inc. P.O. Box 1127 Fostoria, OH 44830





Employment Application

An Equal Opportunity Employer

		NAME & LOCA	TION		
(Last Name)		(First Name)		(Middle)	Application Date
Current Address (Nur	mber and Street)			Home Phone	Message Phone
City, State, Zip				E-mail Address	
		EMPLOYMENT D	ESIRED		
Position Applying for:				Referred by:	
Have you ever been e	. , ,	CalliesYes	No	What is the mini	mum pay you will work for?
If you dates of smale		viation Yes	No	¢	/hr or month
If yes, dates of emplo Are you willing to wor					/hr or month o work overtime?
Are you willing to wor	K ally Still!			Are you willing to	o work overtime!
YesNo	(What shift are yo	u available?)		Yes	No
	PERSO				
In the last seven year	s have you been co	nvicted of a felony?	Do you use	e tobacco product	s?
YesNo	If yes, please des	cribe:	Yes	No	
	•	CITIZENSH	IP		
A.C					V N
After employment, ca	in you submit verific	ation of your legal right to v		Inited States?	_YesNo
Branch of Service	From (Mo./Yr.)	To (Mo./Yr.)	AICE	Rank on entry	Rank on Discharge
Dianch of Service	1 10111 (IVIO./ 11.)	10 (100./11.)		Rank on entry	Marik on Discharge
What specialized train	ning did you receive	9?			
If discharge was dish	onorable, please gi	ve details:			

					EDUCAT	Academic	: Maior	Nı	umber of		Did yo	u
					, toddorine	, majo.		Years		graduat		
Last High	School										yes _	_ no
Jr. Colleg	je, College	, or Unive	ersity								yes _	_ no
Technica	l or Vocati	onal Schoo	ol or GED	1							_yes _	_ no
Other exp		r training ir	ncluding a		ıcation programs							
	School			Cou	ırse	Diploma/	Certificate		Date C	om	oleted	
			•	1	EMPLOYMENT	HISTORY				1		
	ast Emplo om	yment Firs			Employer's Nar	me, Address,	Phone		Last Salary and Position Held		Reaso Leav	
Month	Year	Month	Year	Emplo	oyer:				Salary:	u		
				Addre			Phone:		Position:			
				Emplo	oyer:				Salary:			
				Addre	ess:		Phone:		Position:			
				Emplo	oyer:		Phone:		Salary:			
				Addre	Address:		T Hono.		Position:			
				Emplo	oyer:		Dhanai		Salary:			
				Addre	ess:		Phone:		Position:			
				Emplo	oyer:		Dhana		Salary:			
				Addre	ess:		Phone:		Position:			
				Emplo	oyer:		Phone:		Salary:			
				Addre	ess:		i none.		Position:			
					REFEREN	ICES						
May we c	contact you	ır present (employer	for a ref	erence?	Yes		No				
Give nom	oc of pers	one we m	ov contoc	t to vorif	y your qualificati	ione for this s	ocition:					
Name	ies oi pels	ouis we ille	ay contac	t to veill	Occupation/Tit		oomon.		Phone:			
Name					Occupation/Tit	le:	: Phone:					

SPECIAL SKILLS

SPECIAL SKILLS							
SKILL	KIND	NO. OF YEARS	SKILL	KIND	NO. OF YEARS		
Welding			Electrical				
Blueprint			Programmable				
Reading			Controls				
Maintenance			S.P.C.				
Machine			Training				
Repair							
Toolmaker			CNC				
			Machining				
Machines	Balancer:		Computer				
Operated	Engine Lathe:		Skills/				
	Vertical Mills:		Office Equip.				
	Horizontal Mills:						
	Grinders:						
	Polisher:						
Inspection	Other:		Magauring				
mspection			Measuring Devices				
Forklift			Heavy				
Operator			Equipment				
			Moving				
dismissal. I an Aviation Manube terminated Aviation or my oral statemen contracts or exother than the	any misrepresentation or omission gree that, if hired, I will conform afacturing Company and further agal, with or without cause, and with ayself. I understand that neither the at by Callies Performance Product employment. No employee of Call a President, has any authority to en agreement contrary to the foregoin	to the rules gree that my or without Employee I cts / Aviatio lies Perforr tter into any	s and regulations of employment is for notice at any time Rules, Policies, and Manufacturing Chance Products / agreement for em	of Callies Performance Product no definite period of time and e, at the option of either Callid Benefits, nor any other writte Company or its representatives Aviation Manufacturing Compuployment for any specified time	cts / can ies / en or are any, e, or		
Products / Aviation Manufacturing Company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation. I authorize all persons, schools, companies, corporations, credit bureaus, consumer reporting agencies, and law enforcement agencies to supply any information concerning my background.							
If, at the time of termination, I am for any reason indebted to Callies Performance Products / Aviation Manufacturing Company, whether for merchandise, cash advances, withdrawals, or otherwise, I agree that Callies Performance Products / Aviation Manufacturing Company shall have the right to make the necessary deductions and withhold from any remuneration or from any reimbursement to which I may be entitled, and amount of sufficient to fully cover and completely pay for all of my indebtedness.							
I further promise and agree to observe all Callies Performance Products / Aviation Manufacturing Company rules and regulations, and to faithfully perform all duties that may be assigned to me.							

Signature

Date

Affirmative Action Program Applicant Information Form

Callies / Aviation is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date
Position applied for	

Section 2: Please check all that apply

Race or Ethnic Identity	Gender	**Veteran Status		
 Hispanic (If yes, please select one of the following:) Hispanic (White race only) Hispanic (All other races) American Indian or Alaskan 	MaleFemale	 Vietnam Era Veteran Special Disabled Veteran Other Eligible Veteran **Other		
 Asian Native Hawaiian or Pacific Islander Black or African American White 		Individual with Disabilities		
I do not wish to Self-Identify Signatu	re			