

If discharge was dishonorable, please give details:							
EDUCATION							
				Academic Major	Number of Years	Did you graduate?	
Last High School						__yes __ no	
Jr. College, College, or University						__yes __ no	
Technical or Vocational School or GED						__yes __ no	
Other experience or training including adult education programs which have been on the job you are seeking:							
School		Course		Diploma/Certificate		Date Completed	
EMPLOYMENT HISTORY							
Last Employment First				Employer's Name, Address, Phone		Last Salary and Position Held	Reason for Leaving
From		To					
Month	Year	Month	Year	Employer: Address:	Phone:	Salary: Position:	
				Employer: Address:	Phone:	Salary: Position:	
				Employer: Address:	Phone:	Salary: Position:	
				Employer: Address:	Phone:	Salary: Position:	
REFERENCES							
May we contact your present employer for a reference? __Yes __No							
Give names of persons we may contact to verify your qualifications for this position:							
Name				Occupation/Title:		Phone:	

Name	Occupation/Title:	Phone:
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SPECIAL SKILLS					
SKILL	KIND	NO. OF YEARS	SKILL	KIND	NO. OF YEARS
Welding			Electrical		
Blueprint Reading			Programmable Controls		
Maintenance Machine Repair			S.P.C. Training		
Toolmaker			CNC Machining		
Machines Operated	Balancer: _____ Engine Lathe: _____ Vertical Mills: _____ Horizontal Mills: _____ Grinders: _____ Polisher: _____ Other: _____		Computer Skills/ Office Equip.		
Inspection			Measuring Devices		
Forklift Operator			Heavy Equipment Moving		

Applicant Notification

I state that the information contained in the foregoing statements is true and correct. I understand that any misrepresentation or omission of material facts on this application is sufficient cause for Callies Performance Products / Aviation Manufacturing Company to no longer consider my application, withdraw any offer of employment, or terminate my employment. Callies Performance 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 my character, general reputation, personal characteristics, and mode of living. I 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.

I agree that, if hired, I will conform to the rules and regulations of Callies Performance Products / Aviation Manufacturing Company and further agree that my employment is for no definite period of time and can be terminated, with or without cause, and with or without notice at any time, at the option of either Callies / Aviation or myself. I understand that neither the Employee Rules, Policies, and Benefits, nor any other written or oral statement by Callies Performance Products / Aviation Manufacturing Company or its representatives are contracts of employment. No employee of Callies Performance Products / Aviation Manufacturing Company, other than the President, has any authority to enter into any agreement for employment for any specified time, or to make any agreement contrary to the foregoing, and no such agreement has been made. No representative of the Company has the authority to enter into an agreement for employment unless in writing and signed by the President.

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 an amount sufficient to fully cover and completely pay for all of my indebtedness, to the extent permitted by applicable law.

In exchange for the Company considering my application for employment, I knowingly agree and understand that I must file any and all claims and/or lawsuits which arise out of or pertain in any way to my application for employment, employment, or termination of employment within six months of the event giving rise to or that is the subject of the claim or lawsuit. I understand that the applicable statute of limitations may be longer than six months; however, I agree to be bound by this shorter six-month period of limitations and **WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY**. I understand that this waiver includes, but is not limited to, waiver of statute of limitations that apply to federal and state civil rights statutes.

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 voluntarily self-identify their race/ethnicity, gender, and/or veteran status. 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 or any information provided to us will have no bearing on your application and will not subject you to any adverse treatment. Any information provided will not be used in a manner inconsistent with 38 U.S.C. § 4212.

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
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Yes
<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Female	<input type="checkbox"/> No
<input type="checkbox"/> Asian		
<input type="checkbox"/> Native Hawaiian or Pacific Islander		**Other
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> White		
<input type="checkbox"/> Two or more races		

I do not wish to Self-Identify Signature _____