

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



Employment Application
An Equal Opportunity Employer

NAME & LOCATION			
(Last Name)	(First Name)	(Middle)	Application Date
Current Address (Number and Street)		Home Phone	Message Phone
City, State, Zip		Social Security Number	
EMPLOYMENT DESIRED			
Position Applying for:		Referred by:	
Have you ever been employed by: Callies <input type="checkbox"/> Yes <input type="checkbox"/> No Aviation <input type="checkbox"/> Yes <input type="checkbox"/> No		What is the minimum pay you will work for?	
If yes, dates of employment: _____		\$ _____/hr or month	
Are you willing to work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No (What shift are you available?)		Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PERSONAL			
In the last seven years have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____		Do you use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITIZENSHIP			
After employment, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
MILITARY SERVICE			
Branch of Service	From (Mo./Yr.)	To (Mo./Yr.)	Rank on entry Rank on Discharge
What specialized training did you receive?			
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:	
				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:

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 if I am employed , any misrepresentation or omission or material facts on this application is sufficient cause for dismissal. 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 or 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. 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 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 (<i>If yes, please select one of the following:</i>) Hispanic (White race only) Hispanic (All other races) American Indian or Alaskan Asian Native Hawaiian or Pacific Islander Black or African American White	Male Female	Vietnam Era Veteran Special Disabled Veteran Other Eligible Veteran
		**Other
		Individual with Disabilities
I do not wish to Self-Identify Signature _____		