

Advanced Assembly Products, Inc. & Affiliates



Application for Employment

Federal and/or state laws prohibit discrimination in employment because of race, color, religion, gender, sexual orientation, national origin, age, disability, veteran status, or any other characteristic protected by law.

Position(s) Applied For: _____ Date: _____

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Number) (Street) (Apt. Number)

(City) (State) (Zip Code)

Phone Number: _____

Previous address(s) during the past 3 years from the date on application:

Address: _____

Length at this address: _____

Address: _____

Length at this address: _____

Date available for work: _____

Type of Employment Desired: Full Time Part Time Seasonal

Shift Preference: Days Afternoons Nights

Are you 18 years old or older? Yes No

Are you legally authorized to work in the United States? Yes No

Have you ever submitted an application with Advanced Assembly Products or Global Advanced Products? Yes No

If yes, when? _____

Have you ever been employed by Advanced Assembly Products or by Global Advanced Products? Yes No

If yes, when and what type of work: _____

Have you ever been convicted of a crime? Yes No

If yes, when _____ where _____

What was the nature of the crime _____

(Note: A conviction record will not necessarily disqualify you from employment. Factors such as age, time of offense, seriousness and nature of violation and rehabilitation will be considered.)

Have you ever been in the United States military? Yes No

Branch of Service: _____ Dates of service: _____

Duties: _____

Rank upon discharge: _____ Type of Discharge: _____

(Note: Anything other than an honorable discharge will not necessarily disqualify you from employment)

Employment History

Indicate all employers during the past 10 years beginning with your most recent employer. Continue on a separate sheet, if necessary.

(1)

Employed From _____ To _____

Company Name _____ Phone Number _____

Complete Address _____

(Number) (Street) (Suite No.)

(City) (State) (Zip Code)

Starting Position _____ Starting Pay _____

Final Position _____ Current/Final Pay _____

Name of Current/Last Supervisor _____ Phone Number _____

List Prime Job Responsibilities and Main Duties Performed

List all Reasons for Leaving and/or Termination:

If Presently Employed, May We Contact Current Employer? Yes No

(2)

Employed From _____ To _____

Company Name _____ Phone Number _____

Complete Address _____

(Number) (Street) (Suite No.)

(City) (State) (Zip Code)

Starting Position _____ Starting Pay _____

Final Position _____ Current/Final Pay _____

Name of Current/Last Supervisor _____ Phone Number _____

List Prime Job Responsibilities and Main Duties Performed

List all Reasons for Leaving and/or Termination:

If Presently Employed, May We Contact Current Employer? Yes No

(3)

Employed From _____ To _____

Company Name _____ Phone Number _____

Complete Address _____
(Number) (Street) (Suite No.)

Starting Position _____ Starting Pay _____
(City) (State) (Zip Code)

Final Position _____ Current/Final Pay _____

Name of Current/Last Supervisor _____ Phone Number _____

List Prime Job Responsibilities and Main Duties Performed

List all Reasons for Leaving and/or Termination:

If Presently Employed, May We Contact Current Employer? Yes No

Education

Name	City/State	Diploma or Degree Received	Major
High School _____			

College _____

Graduate School _____
or Other Professional Study

Trade/Apprentice _____

List any other special courses, training, certifications, or other skills that would assist you in performing the job for which you are applying:

References

List persons not related or living with you, whom you have known for at least one year.

Name	Address	Phone	Business	Years Acquainted
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1. _____

2. _____

3. _____

Please Read Carefully and Sign/Date Below:

I hereby waive written notice from my employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records. This waiver is made pursuant to the Bullard-Palwecki Employee Right-to-Know Act.

I certify that the information in the application is correct to the best of my knowledge and understand that falsification, misrepresentation, or omission of this information may result in rejection of this application or immediate dismissal if I am hired.

I authorize the Company to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the Company has my permission to contact persons who may have information relating to my qualifications for employment. I agree to release the Company and all parties from any liability from any damages that may result from furnishing such information.

I acknowledge that an employee is required to submit a written request for an accommodation for a disability within 182 days from the date the employee discovered or should have discovered the need for an accommodation. Failure to properly notify the Company may preclude any claim that Employer failed to make a reasonable accommodation.

I agree that all claims or disputes arising out of or relating to my employment with the Company that are not resolved directly with my supervisor or the management of the Company, will be brought within six (6) months of their occurrence or be forever barred. I further agree that any such claim or controversy shall be submitted to and settled by arbitration to be held in accordance with the then prevailing arbitration rules of the American Arbitration Association, unless otherwise agreed-upon by both parties in writing. I agree that any monetary damages that may be awarded by any Arbitrator shall be limited to lost wages resulting directly from the claim or dispute that may have accrued from the time of the claim or dispute through the date of the arbitration decision.

In consideration of my employment, I agree to conform to the rules, policies, and regulations of the Company and I agree that my employment and compensation can be terminated with or without cause or without notice at the option of either the Company or myself. I understand that no officer or representative of the Company has the authority to enter into an agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, except the President and any such agreement must be made in writing directed to me personally, and signed by the President. I further acknowledge that no one has made any representations or statements contrary to the Company's At-Will policy to me either orally or in writing, and I acknowledge and understand that no one has the authority to make such representations or statement to the contrary in the future.

I further understand that his Company may require pre-employment substance abuse testing at any time by a designated physician and that I give my full and free consent to any such substance abuse testing. I further agree to release the Company and all parties from any and all liability in connection with substance abuse testing or my refusal to submit to such testing.

I agree to the terms of each and all of the above statements.

Date _____

Signature _____