



TOP FLIGHT AEROSTRUCTURES, INC.

Employment Application

If you need assistance completing this application, notify the person who gave you the application form and accommodations will be made for you whenever possible.

Note: This application must be fully and accurately completed in order to be processed. Please attach additional sheets if you need additional space.

Equal Opportunity Employer: Top Flight Aerostructures (TFA) is an Equal Opportunity Employer. This means that we will extend equal opportunity for employment and provide employment advancement on the basis of merit within the context of its unique business environment to all individuals without regard for race, religion, color, sex, national origin, age, disability, or veteran status. This policy affirms that TFA'S commitment to fair employment and will comply with all applicable laws governing equal employment opportunity. This policy extends to all applicants and employees and to all aspects of the employment relationship.

Today's Date: _____

Position(s) Applying For: Administrative Engineering Quality Control Manufacturing

Position Title: _____

Employment Desired: Full-Time Part-Time / Hours Available _____

How did you hear about Top Flight Aerostructures, Inc.?

Company Website Paulding Chamber of Commerce Recruiting Website (i.e. Indeed)

Other: _____

Name:		
Street Address:		
City / State / Zip:		
Home Phone:	Cell Phone:	
Contact Email:		
Driver's License Number:	Class:	State of Issue:

Are you 18 Years of Age or Older? Yes No

Have you ever applied here before? Yes No

If "Yes," when? _____

Have you previously been employed by Top Flight Aerostructures, Inc.? Yes No

If "Yes," when? _____



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Employment History

Company (Employer):		Position Title:	
Street Address / City / State / Zip:			
Start Date:		End Date:	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		Starting Pay:	Ending Pay:
Name of Supervisor:		Supervisor Title:	
The Supervisor may be contacted. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Responsibilities:			
Reason for leaving or seeking other employment:			
Company (Employer):		Position Title:	
Street Address / City / State / Zip:			
Start Date:		End Date:	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		Starting Pay:	Ending Pay:
Name of Supervisor:		Supervisor Title:	
The Supervisor may be contacted. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Responsibilities:			
Reason for leaving or seeking other employment:			
Company (Employer):		Position Title:	
Street Address / City / State / Zip:			
Start Date:		End Date:	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		Starting Pay:	Ending Pay:
Name of Supervisor:		Supervisor Title:	
The Supervisor may be contacted. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Responsibilities:			
Reason for leaving or seeking other employment:			



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Education

Have you ever worked or attended school under another name? Yes No

If "Yes," under what name(s)? _____

Please list your educational experiences below to include current attendance, graduated, or incomplete. This includes high school, GED, university, college, vocational, and technical schools:

School/Institution	Diploma or Certificate?	What did you study?	Additional Comments

Skills/Qualifications

Please answer the below questions as they related to the job for which you are applying.

What skills do you have that are related to the job for which you are applying?
Do you have any qualifications/certifications that are related to the job for which you are applying?
What machines or equipment can you operate related to the job for which you are applying?

References

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Please provide three (3) professional references who are not related to you below:

Contact Name	Reference Type	Company Name (If applicable)	Phone



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DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. By this document Top Flight Aerostructures Inc, discloses to you that a Consumer Report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.

2. This shall authorize the procurement of a consumer report by National Employment Screening DBA Premium Background Checks or its associates or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for National Employment Screening/Premium Background Checks or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.

3. I also authorize the procurement of an investigative consumer report and understand that it may Contain information about my employment and educational background, criminal history, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent, National Employment Screening/ Premium Background Checks or its affiliates. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in your discretion, you have a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act.

I authorize National Employment Screening DBA Premium Background Checks and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

My signature below also indicates that I have received a **Summary of Rights** in accordance with the Fair Credit Reporting Act.

Applicants Signature _____

Print Name _____ Date _____

Other Names Used _____

Social Security Number _____/_____/_____ Date of Birth _____

Driver's License # _____ State _____

Current Address _____ City/Town _____

Zip Code _____ Previous address _____

City/Town _____ State _____ Zip _____



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Certification

I certify that the information contained on my application is true to the best of my knowledge and understand that falsification or omission of this information is grounds for refusal to hire, or, if hired, immediate dismissal. I authorize the company to investigate all statements contained in my resume and /or application for employment as may be necessary in arriving at an employment decision and I release all parties in this investigation from all liability as a result of releasing such information to the company.

By signing the Application, you authorize the Company to verify the information contained in the Application. Falsification of information on the Application or failure to provide accurate information may result in disqualification from employment or termination of employment if discovered after hire.

Signature of Applicant

Date

Pre-Employment Drug Screening

I understand that Top Flight Aerostructures, Inc. is a drug-free workplace. I consent to Top Flight Aerostructures, Inc.'s right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I further understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination from employment. I understand that any offer of employment may be contingent upon satisfactory drug testing. I understand that should I decline to sign this consent, the Pre-Employment Drug Testing Policy Statement, or take any of the required drug tests, my Application may be rejected. All records concerning test results will be kept confidential.

Signature of Applicant

Date