



APPLICATION FOR EMPLOYMENT

*** Please fully complete all requested information. Please do not attach resume as a substitute for filling out the application in full. Incomplete or illegible information may cause a delay in the review of your application. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

PLEASE PRINT

NAME: _____ Date of Application: _____

CURRENT ADDRESS:

Number & Street

City

State

Zip Code

TELEPHONE NUMBER: (_____) _____

EMPLOYMENT DESIRED

Position(s) applying for: 1. _____ 2. _____

Minimum Salary desired: \$ _____ Date available for work: _____

Type of employment desired: Full-Time _____ Part-Time _____ Temporary _____ Summer _____

Hours or Shift desired: _____ to _____

Are you available for overtime work: Yes _____ No _____

Have you ever been employed with HARCO Laboratories, Inc? Yes _____ (Dates _____ to _____) No _____

Have you ever been employed under another name? Yes _____ (Name: _____) No _____

If under the age of 18, can you provide proof of your eligibility to work if hired? Yes _____ No _____

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

How were you referred to us:

Newspaper Ad _____ Which paper? _____; Professional Recruiter _____

Internet _____ Employee Referral _____ - Employee's name? _____

Other: _____

Please list any special skills or training, and any licenses or certifications you have which we should take into consideration:

EDUCATIONAL INFORMATION

<u>Name of school</u>	<u>Number of years attended</u>	<u>Did you graduate?</u>	<u>Area of study</u>	<u>Degree received</u>
Elementary School _____	_____	_____	_____	_____
Jr. High/Middle School _____	_____	_____	_____	_____
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Post Graduate _____	_____	_____	_____	_____
Technical, Trade or Business School _____	_____	_____	_____	_____

EMPLOYMENT HISTORY (Please list current or most recent employment first. Complete the requested information fully.)

1. Employer: _____ Dates employed: From _____ to _____

No. & Street: _____ Reason for leaving: _____

City, State, Zip: _____ Telephone No: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Supervisor's Name: _____

Position(s) held: _____

May we contact this employer? Yes ___ No ___ If no, why? _____

Please give a brief description of your duties: _____

2. Employer: _____ Dates employed: From _____ to _____

No. & Street: _____ Reason for leaving: _____

City, State, Zip: _____ Telephone No: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Supervisor's Name: _____

Position(s) held: _____

May we contact this employer? Yes ___ No ___ If no, why? _____

Please give a brief description of your duties: _____

3. Employer: _____ Dates employed: From _____ to _____

No. & Street: _____ Reason for leaving: _____

City, State, Zip: _____ Telephone No: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Supervisor's Name: _____

Position(s) held: _____

May we contact this employer? Yes ___ No ___ If no, why? _____

Please give a brief description of your duties: _____

4. Employer: _____ Dates employed: From _____ to _____

No. & Street: _____ Reason for leaving: _____

City, State, Zip: _____ Telephone No: _____

Starting Salary: \$ _____ Ending Salary: \$ _____ Supervisor's Name: _____

Position(s) held: _____

May we contact this employer? Yes ___ No ___ If no, why? _____

Please give a brief description of your duties: _____

* What did you like most about your last position? _____

* What did you like least about your last position? _____

REFERENCES - Please list 3 **professional** references. These should be former supervisors or people from your past employment who can verify your work history and performance. **DO NOT LIST FRIENDS OR RELATIVES** unless you worked for them.

1. Name: _____ Title: _____
Company name and address: _____
Telephone number (inc. area code): _____
May we contact this reference? _____

2. Name: _____ Title: _____
Company name and address: _____
Telephone number (inc. area code): _____
May we contact this reference? _____

3. Name: _____ Title: _____
Company name and address: _____
Telephone number (inc. area code): _____
May we contact this reference? _____

AFFIDAVIT

I certify that the information provided by me on this application for employment document and its attached terms and conditions is true and correct and is without falsification or misrepresentation of any kind. I understand that any false information or intentional omissions will result in the termination of the application process, and if hired, will result in the termination of my employment.

I further understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with HARCO Laboratories, Inc. is of an “*at will*” nature, which means that the Employee may resign from employment at any time and that the Employer may discharge or terminate an employee at any time with or without cause.

Signature

Date



Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment, without regard to race, creed, color, religion, sex, sexual orientation, national origin, age, disability, marital or veteran status, or being a member of the Reserves or National Guard.

As employers/government contractors, we also comply with government regulations, including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

Solely to help us comply with government record keeping, reporting and other legal obligations as required under these and other laws and regulations, we ask that you please fill out this Applicant Data Record. This data is for analysis and affirmative action only. Submission of this information is voluntary. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

DATE: _____

Position(s) Applied For

Referral Sources: Advertisement Friend Relative Walk-In
 Employment Agency Company Website Other

Name _____ Phone () _____
 LAST FIRST MIDDLE

Address _____
 NUMBER STREET CITY STATE ZIP CODE

Affirmative Action Survey

If you wish to be identified, please sign below and complete the survey:

Signed: _____

Check One: Male Female

Ethnicity:

Are you Hispanic or Latino?

No, I am **not Hispanic or Latino**

Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT – Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

White – A person having origins in any of the original people s of Europe, North Africa, or the Middle East.

Black or African American – A person having origins in any of the Black racial groups of Africa.

American Indian/Alaskan Native – A person having origins in any of the original peoples of North American and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Two or More Races – All persons who identify with more than one of the above five races.

Check if the following is applicable:

Veteran – as defined in any of the following:

1. Vietnam Era Veteran who either:

- Served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7,1975 and were discharged or released other than dishonorably; or,
- Was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7,1975
- Served on active duty for more than 180 days and served in the Republic of Vietnam between Febraury 28, 1961 and May 7,1975

2. Veteran who served on active duty in the U.S. Military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia and Bosnia).

3. Veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

4. Recently separated veteran means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service applied for employment.

FOR PERSONAL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: YES NO

Positions(s) Considered For: _____

HARCO Laboratories, Inc.
TERMS AND CONDITIONS OF APPLICATION

Please read the following statements carefully, as they represent matters of importance to both you and HARCO Laboratories, Inc. (hereinafter referred to as the "Company") in connection with the application for employment. This page must be read and signed in order to be considered for employment.

I understand and agree that:

1. Submission of and receipt of this application for employment does not imply that I will be employed by HARCO Laboratories, Inc.
2. The Company may verify all of the information provided by me on this application and I release the Company and its representatives from liability for seeking such information. I release from all liability whatsoever, any and all persons, institutions, business entities, and corporations providing the Company with such information. I agree to sign any necessary consent forms needed to obtain or verify information relating to this application for employment.
3. I may be required, depending upon my position in the Company, to sign a Information Technology, Non-Disclosure, Confidentiality, Conflict of Interest, Non-Compete, & Corporate Conduct Agreement as a condition of my employment.
4. I may be required, depending upon my position in the Company, to sign a release authorizing the Company to conduct a background check which may include reviewing my credit report.
5. If hired, I agree to comply with the policies, rules, regulations and procedures established and followed by the Company.
6. Any job offer is contingent upon my taking and passing a drug test. I will be required to submit to and pass a urine drug screen test at the expense of the Company and at the facility designated by the Company. I hereby agree to such a test and authorize the release and disclosure of the results thereof to the Company. I understand that if I am hired into a position covered by the FAA Drug/Alcohol Program, that I will take a pre-employment drug test and I will also be subject to random drug and alcohol tests. The FAA drug test will include Amphetamines, Cocaine, Marijuana, Opiates and Phencyclidine.
7. No representative from the Company, other than its General Manager or Human Resources Manager, has any authority to enter into any agreement relating to employment.
8. Neither this application or any other documents given to applicants or employees is intended to create, nor should such documents be construed as creating, an expressed or implied contract.
9. This application for employment will remain current for 90 days. At the conclusion of the 90-day period, if I have not been employed by the Company, I must submit another application if I am still interested in being considered for employment.
10. I will furnish the Company with a copy of any past Proprietary Information and Inventions Agreements, including any confidentiality agreements and non-compete agreements or any variation thereof, that I have signed for any and all previous employers.
11. I understand that if hired, I must provide evidence of authorization to work in the U.S.

Signature

Date

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain and give date(s):

A conviction does not automatically disqualify you from consideration for employment.

(1) Applicants are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a, (2) criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath. (4) Do not include minor traffic offenses.

Signature

Date

Print Name

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