



Application for Employment

Position Desired: _____ [] Part time [] Full time Date: _____

Applicant's Name

(Print) Last First Middle

Present

Address _____
Street Address City State Zip

How long have you lived there? _____
Yrs./ Months

Telephone _____
Area code Number

Previous

Address _____
Street Address City State Zip

How long did you live there? _____
Yrs./ Months

Have you ever worked for Aerofit, Inc. or any of its subsidiaries? [] Yes [] No
If Yes, please give dates and position: _____

Do you have any friends or relatives working here? [] Yes [] No

If Yes, please complete: _____
Name Relationship

Have you ever used another name? [] Yes [] No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

May we contact your current employer? [] Yes [] No If No, please explain: _____

Is there anything you wish to avoid in a new job? _____

Please indicate any experience; special training and/or qualifications that you may have which you feel are relevant to the position for which you are applying:

If hired, can you submit proof of your legal right to work in the United States? [] Yes [] No

Do you have adequate transportation to and from work? [] Yes [] No

Are you bound by provisions of a Non-Compete, Proprietary, or Confidentiality Agreement?
[] Yes [] No If so, for how long? _____

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? [] Yes [] No



RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account to all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary.)

Present or Last Employer (Name & Address) _____ _____ _____ _____ (Area Code) & Telephone <u>Exact Reason for Leaving</u>	Employed From (mo/yr) To (mo/yr)	Pay Start \$ _____ per _____ Final \$ _____ per _____
Previous Employer (Name & Address) _____ _____ _____ _____ (Area Code) & Telephone <u>Exact Reason for Leaving</u>	Employed From (mo/yr) To (mo/yr)	Pay Start \$ _____ per _____ Final \$ _____ per _____
Previous Employer (Name & Address) _____ _____ _____ _____ (Area Code) & Telephone <u>Exact Reason for Leaving</u>	Employed From (mo/yr) To (mo/yr)	Pay Start \$ _____ per _____ Final \$ _____ per _____

Please explain fully any gaps in your employment history:



EDUCATION

<i>School Level</i> <i>School Name & Location</i>	<i>Yrs. Completed (Circle)</i>	<i>Diploma/Degree</i>	<i>Describe Course of Study or Major</i>	<i>Describe Specialized Training, Skills and Extra-Curricular Activities</i>
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/ University	1 2 3 4			
Graduate or Professional	1 2 3 4			
Trade or Correspondence				
Other				

PROFESSIONAL REFERENCES

Please list previous employers – not friends or relatives.

<i>Name</i>	<i>Occupation</i>	<i>Address (Street, City, & State)</i>	<i>Telephone No.</i>	<i># of Yrs. Known</i>

APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED REMAINS OPEN OR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST RE-APPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Applicant

Date



APPLICANT'S STATEMENT AND AGREEMENT

In the event of my employment with Aerofit, Inc., I will comply with all rules and regulations of Aerofit, Inc. ("Employer"). I understand that Employer reserves the 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 also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by Employer. Further, I understand that at any time after I am hired, Employer may require me to submit to a physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to Employer. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. Aerofit reserves the right to conduct pre-employment background checks, for a variety of management and non-management positions, based on the level financial responsibility and access to confidential information. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that Employer may contact my previous employers and any present or past attended educational institutions. I authorize those employers and educational institutions to disclose to Employer all records and information pertinent to my employment or education with them. In addition to authorizing the release of any information regarding my employment or education, I hereby fully waive any rights or claims I have or may have against my former or present employers or educational institutions, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by Employer and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by Employer at any time and for any reason whatsoever, with or without good cause at the option of either Employer or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing signed by the Chief Executive Officer of Employer, or another individual who has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between Employer and the undersigned regarding the rights of Employer and the undersigned to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the undersigned and Employer.

I hereby acknowledge that I have read the above statements and understand the same. If you have any questions regarding these statements, please ask an Employer representative before signing. **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS AND AGREEMENT.**

X

Signature of Applicant

Date



Voluntary Affirmative Action Information

Applicant Data Flow

(Completion of Information Below is Voluntary)

Self-Identification of Gender & EEO Status Form

We request having cooperation from all of our applicants with identifying their gender and EEO status so that we may include you under our affirmative action program. Submission of this information is voluntary and will be kept confidential. We are an EOE. Thank you!

Applicant Information

Name: _____ Date: _____
Title of Job _____
applying for: _____

Gender

- Female
 Male

EEO Status Definitions

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
- Black or African-American (Not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** 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.
- American Indian or Alaskan Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

Referral Source

Please check the box below that apply to you:

- Internet Advertisement Print Advertisement Employee Referral
 Walk-In School Private Employment Agency
 Government Agency Other



Self-Identification of Veteran Status Form

If you are a disabled veteran, recently-separated veteran, other protected veteran or Armed Forces service medal veteran, we would like to include you under our affirmative action program.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) of 1974, as amended. The information you submit will be kept confidential, except that supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations.

Employee Information

Employee

Name: _____ Date: _____

Job Title: _____

Veteran Status Definitions

Please check the box or boxes below that apply to you. There may be more than one category that applies to your current status. Definitions are as follows:

Disabled Veteran: Any veteran who is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation) under laws administered by the Secretary, or was discharged or released from active duty because of a service-connected disability.**

Recently-Separated Veteran: Any veteran whose discharge or release from active duty occurred within three years of today's date.

Other Protected Veteran: Any veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran: Any 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.

*** If you are a disabled veteran it would assist us if you tell us about (i) any special methods, skills and procedures which qualify you for positions that you might not otherwise be able to do because of your disability, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely. This information will assist us in placing you in an appropriate position and in making accommodations for your disability.*