



APPLICATION FOR EMPLOYMENT - EQUAL EMPLOYMENT OPPORTUNITY

The Company will not, except if otherwise permitted or required by law, discriminate on the basis of race, color, religious creed, age, sex, marital status, sexual orientation, national origin, ancestry, present or past history of mental disorder, mental retardation, learning disability or physical disability or other protected status under State, Federal or Local Equal Opportunity Laws with respect to making hiring and like decisions or other terms and conditions of employment.

GENERAL INFORMATION Please answer all questions and print legibly.

NAME	First		Last		M
ADDRESS	Street		City	State	Zip
If less than 3 Year at current					
PREVIOUS ADDRESS	Street		City	State	Zip
SSN#			TELEPHONE#:		
POSITION APPLIED FOR			FULL TIME		PART TIME
SALARY REQUIREMENTS			DATE AVAILABLE		
HOW WERE YOU REFERRED TO US					
Are you either a U.S. citizen or an alien authorized to work in the United States?				Y	N
Are you prevented from lawfully becoming employed in this country because of a VISA or immigration status?				Y	N
If employment is offered, can you produce documentation required by law to establish work authorization and identity?				Y	N
Please list any other names by which you have been known, of which we should be aware, to adequately verify identity, employment history or education history:					
Have you been employed here previously?		Y	N	Have you ever applied for a position here before?	
INTEREST: Use this space to describe your interest in Aeroswiss, LLC. and the skills and aptitudes that you feel qualify you for a position at the Company. If you need more space, please continue on a separate sheet.					

EMPLOYMENT RECORD

Starting with your most recent job, list all previous employers. Include self-employment, summer and part-time jobs.

(1) COMPANY

ADDRESS		Street		City		State		Zip	
FROM			TO		START SALARY		END SALARY		
POSITION					REASON FOR LEAVING				
SUPERVISOR		Name			Title			Telephone	
DUTIES:									

(2) COMPANY

ADDRESS		Street		City		State		Zip	
FROM			TO		START SALARY		END SALARY		
POSITION					REASON FOR LEAVING				
SUPERVISOR		Name			Title		Telephone		
DUTIES:									

(3) COMPANY

ADDRESS		Street		City		State		Zip	
FROM			TO		START SALARY		END SALARY		
POSITION					REASON FOR LEAVING				
SUPERVISOR		Name			Title		Telephone		
DUTIES:									

If you do not want us to contact above company (s) please indicate, by number

REFERENCES				
Please list name, address and phone number. Do not include relatives or former supervisor.				
(1) REFERENCE				
Name		Relationship	Telephone	
ADDRESS	Street	City	State	Zip

(2) REFERENCE				
Name		Relationship	Telephone	
ADDRESS	Street	City	State	Zip

AT-WILL EMPLOYMENT DISCLAIMER AND APPLICANT'S AGREEMENT AND CERTIFICATION PLEASE READ BEFORE SIGNING

If you have any questions regarding this statement, please ask them of an employment interviewer before signing.

It is my understanding that the Company will make a thorough investigation, which will include a verification of my entire Work history, and the verification of all data given in this application. I authorize such an investigation and the giving and receiving of any information by the Company. I am aware that I have a right to make a written request as to the nature and scope of this investigation. I release from liability any person giving or receiving any such information.

In the event of my employment by Meriden Manufacturing, Inc. I will comply with all rules and regulations as set forth in the Company's policy manual or the communication distributed by the Company to all employees. I understand that if I am hired, my employment with the Company will be at will and for no set term, The Company or I can terminate my employment at any time for any reason or for no reason. I understand that no documents or statements of the Company will constitute a contract of employment that in any way limits the Company's right to terminate my employment at will. I further understand that the at will nature of my employment cannot be changed except by a formal written contract signed by the President of the Company. I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. Without limiting the at will status of my employment if I am hired, I understand that if any of the statements on this application are untrue my employment will be terminated immediately.

I authorize all the educators and employers listed in this application to furnish the Company with information regarding my education, employment history, or any other matter related to my application for employment with the Company.

I understand that this is an application for employment and that no employment contract is being offered. I further understand that if employed, such employment is for no definite period of time and the Company can change wages, benefits, and conditions of employment at any time.

I have read, understand and agree to the foregoing.

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SIGNATURE

DATE