



Application for Employment

Continuing research and practical experience has proven that even small quantities of narcotics and abused prescription drugs can impair your reflexes and judgment. This impairment, even when not readily apparent, can have catastrophic results. As part of Kelly Aerospace Drug Free Workplace Policy and/or FAA mandates, we pre-employment test for the presence of marijuana, cocaine, opiates (morphine and codeine), amphetamines and phencyclidine (PCP).

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or any other status protected by law. We are an Equal Opportunity Employer.

Kelly Aerospace is an Equal Opportunity Employer. Kelly Aerospace does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Position Applied For: _____ Date of Application: _____

Referral Source: Advertisement; Employee; Relative; Government Employment Agency; Walk-in; Private Employment Agency; Other _____

Email Address: _____

Name: _____ Telephone: _____

Address: _____

County: _____ Social Security Number: _____

May we contact you at work; Yes; No; If yes, please list work number: _____

If you are under 18, can you furnish a work permit? Yes; No

Have you ever been employed here before? Yes; No

If yes: Date: _____ Position: _____

Do you have any relatives or friends employed at Kelly? Yes; No. If yes, please list _____

Are you legally eligible for employment in this country? Yes; No

(Proof of U. S. Citizenship or immigration status will be required upon employment.)

Date available for work: _____ Will you work overtime if required: Yes; No

Type of employment desired: Full-time; Part-time; Temporary; Seasonal; Educational Co-Op

Are you on lay-off and subject to recall: Yes; No

Have you ever been bonded? Yes; No

Have you been convicted of a felony in the last seven (7) years? Yes; No

If yes, please explain. (Such convictions may be relevant if job related, but does not bar you from employment):

Desired Salary: _____

Education

Name & Location of School	Course of Study	Years Attended	Graduated?
High School:			<input type="checkbox"/> Yes; <input type="checkbox"/> No
Technical School:			<input type="checkbox"/> Yes; <input type="checkbox"/> No
College:			<input type="checkbox"/> Yes; <input type="checkbox"/> No
Other:			<input type="checkbox"/> Yes; <input type="checkbox"/> No

Prior Employment (Start with most recent Employer):

Employer:	From:	To:
Address:		
Duties:	Phone #:	
	Position:	
	Supervisor's Name:	
	Starting Salary/Wages:	
	Final Salary/Wages:	
Reason For Leaving:		
Employer:	From:	To:
Address:		
Duties:	Phone #:	
	Position:	
	Supervisor's Name:	
	Starting Salary/Wages:	
	Final Salary/Wages:	
Reason For Leaving:		
Employer:	From:	To:
Address:		
Duties:	Phone #:	
	Position:	
	Supervisor's Name:	
	Starting Salary/Wages:	
	Final Salary/Wages:	
Reason For Leaving:		

Military Service:

Branch of Service	From:	To:	Rank & Duties	Date Discharged

Personal Reference:

Name	Address	Years Known	Telephone

The above information is true and complete to the best of my knowledge. Should I be employed by Kelly Aerospace, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. Kelly Aerospace has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history, credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prewritten notice to me. I reserve the right to know the name and address of any investigative agencies used in order that I may learn the information contained in any reports furnished to Kelly Aerospace.

I understand this application does not constitute an employment contract of any kind. Should I be employed by Kelly Aerospace, I may resign such employment any time at my discretion with our without prior notice and Kelly Aerospace may terminate my employment at any time at the discretion with or without cause and with or without prior notice.

Date: _____ Signature of Applicant _____

APPLICATION DISCLOSURE/RELEASE AUTHORIZATION FOR BACKGROUND INVESTIGATION

I understand and hereby authorize without reservation **KELLY AEROSPACE** its contract agent *BRADLEY SCREENING* to procure a consumer report and/or an investigative consumer report for my employment consideration and to make an independent investigation of my background, references, character, past/present employment, education, motor vehicle records, drug screening records, criminal and police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, resume, or in other supporting documentation and/or obtaining other information which may be material to my qualifications. These reports will be used for employment purposes only. _____ (Initials)

I understand that **KELLY AEROSPACE** and/or its contracted agent *BRADLEY SCREENING* will adhere to applicable statues and federal statues concerning the securing of the information, handling, and release of information obtained in the investigation. I further understand, under the guidelines set forth in the federal Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and will be provided a copy of the consumer rights and defined by the Federal Trade Commission. _____ (Initials)

The following is a true and complete legal name and all information on this document is true and correct to the best of my knowledge. I understand that all information requested below is for the sole purpose of gathering information accurately and for positive identification and will not be used to discriminate against me in a violation of any law. I understand any initial offer will be contingent until all information is obtained and processed and be subsequently withdrawn based on results of this investigation. I further understand this signed periodic background investigation is a requirement of my continued qualifications. _____ (Initials)

****A telephonic facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original.

FIRST (PRINT) MIDDLE LAST

MAIDEN NAME LIST ANY OTHER NAMES USED

DATE OF BIRTH SEX RACE SOCIAL SECURITY NUMBER

DRIVERS LICENSE STATE OF LICENSE EXPIRATION DATE

PRESENT ADDRESS CITY/STATE/ZIP COUNTY HOW LONG THERE

LIST ANY FORMER ADDRESSES YOU HAVE HAD IN THE PAST 7 YEARS?

FORMER ADDRESS CITY/STATE/ZIP COUNTY

FORMER ADDRESS CITY/STATE/ZIP COUNTY

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY: _____ CHECK HERE IF YOU WISH TO RECEIVE A COPY OF ANY FORMAL REPORT GENERATED AS A RESULT OF THIS INVESTIGATION.

(CA.AB655 AS AMENDED)

**BY SIGNING THIS FORM I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE DISCLOSURE AND RELEASE FOR INFORMATION **

APPLICANT'S SIGNATURE (PLEASE DO NOT PRINT)

DATE

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the applicant data record. 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. Your cooperation is voluntary.

(Please Print)

Date: _____

Position(s) Applied For: _____

Referral Source: Advertisement; Employee; Relative; Government Employment Agency; Walk-in;
 Private Employment Agency; Other _____

Name: _____ Phone: _____

Address: _____

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disabled, veteran, and other protected statuses of applicants. This data is for analysis and possible affirmative action only.

Check One: _____ Male _____ Female

Check one of the following:

Race/Ethnic Group: _____ White _____ Black _____ Hispanic

_____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual

Employee Name: _____

Date: _____

49 CFR 40.25 requires DOT regulated companies to check the drug and alcohol testing record of new employees who were previously employed by a DOT regulated employer.

1. Have you been employed by any DOT regulated company within the last 24 months? (check one)

YES NO

If YES, please provide the name, address and phone of the facility. (If more than one, list names, addresses and phone on the back of this form.)

2. Have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive work covered by DOT drug and alcohol testing rules during the past two years? (check one)

YES NO

Print Name

Sign Name