

SPACEAGE CONTROL, INC.
APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

When completed, return this application to:

SpaceAge Control, 38850 20th Street East, Palmdale, CA 93550 USA or
661-273-4240 (fax) or email@spaceagecontrol.com

PERSONAL INFORMATION

DATE SOCIAL SECURITY NUMBER

NAME (LAST, FIRST, MI)

PRESENT ADDRESS

PERMANENT ADDRESS

PHONE NUMBER ARE YOU 18 YEARS OR OLDER? HAVE YOU EVER BEEN CONVICTED OF A
YES NO FELONY? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?
YES NO

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED \$

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK			
SPECIAL SKILLS			
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)			
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.			
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">U.S. MILITARY OR NAVAL SERVICE</td> <td style="width: 30%; border: none; text-align: center;">RANK</td> <td style="width: 40%; border: none;">PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES</td> </tr> </table>	U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS BELOW, STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
WHICH OF THESE JOBS DID YOU LIKE BEST?				
WHAT DID YOU LIKE MOST ABOUT THIS JOB?				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS KNOWN

IN CASE OF EMERGENCY
PLEASE NOTIFY:

NAME	ADDRESS	PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

NEATNESS _____

HIRED: YES NO POSITION DEPT. _____

SALARY/WAGE DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
HR MENTOR OPERATIONS