



# TOP FLIGHT AEROSTRUCTURES, INC.

## Employment Application

**Important:**

If you need assistance completing this application, notify the person who gave you the application form and accommodations will be made for you whenever possible.

This application must be fully and accurately completed in order to be processed. Please attach additional sheets if you need additional space.

Top Flight Aerostructures (TFA) is an Equal Opportunity Employer. This means that we will extend equal opportunity for employment and provide employment advancement on the basis of merit within the context of its unique business environment to all individuals without regard for race, religion, color, sex, national origin, age, disability, or veteran status.

This policy affirms that TFA'S commitment to fair employment and will comply with all applicable laws governing equal employment opportunity. This policy extends to all applicants and employees and to all aspects of the employment relationship.

Today's Date \_\_\_\_\_

How did you hear about Top Flight Aerostructures, Inc? \_\_\_\_\_

Position Desired:  Administrative     Engineering     Quality Control     Other

Employment Desired:  Full-Time     Part-Time     Hours Available \_\_\_\_\_

|   |            |      |
|---|------------|------|
| Name  |            |      |
| Street Address  | Home Phone | Cell |
| City / State / Zip  |            |      |
| Email Address   |            |      |
| Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |            |      |
| Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes when? _____ |            |      |
| Where you ever employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes when? _____      |            |      |
| Driver's License Number _____ Class of License _____ State of Issue _____   |            |      |



# TOP FLIGHT AEROSTRUCTURES, INC.

| <b><u>Professional Experience</u></b>  |                                      |
|--|--------------------------------------|
| Company Name   | Telephone#                           |
| Address  | Employed – Month and Year<br>From To |
| Name of Supervisor   | Hourly/ Weekly Pay<br>Start Last     |
| Reason for leaving   | Major job functions                  |
| <hr/>  |                                      |
| Company Name   | Telephone#                           |
| Address  | Employed – Month and Year<br>From To |
| Name of Supervisor   | Hourly/ Weekly Pay<br>Start Last     |
| Reason for leaving   | Major job functions                  |
| <hr/>  |                                      |
| Company Name   | Telephone#                           |
| Address  | Employed – Month and Year<br>From To |
| Name of Supervisor   | Hourly/Weekly Pay<br>Start Last      |
| Reason for leaving   | Major job functions                  |
| <hr/>  |                                      |
| <b><u>References</u></b>   |                                      |
| Have you ever worked or attended school under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                      |
| If yes, give names: _____  |                                      |



# TOP FLIGHT AEROSTRUCTURES, INC.

Are you presently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

List three schools or business references that you give permission for us to contact. They should not be related to you.

| Name | Reference Type | Address | Phone # |
|------|----------------|---------|---------|
|      |                |         |         |
|      |                |         |         |
|      |                |         |         |
|      |                |         |         |

**List Names and Address of Schools Attended or Currently Attending**

High School or GED: \_\_\_\_\_ Diploma  Certificate  Received

College or University: \_\_\_\_\_ Diploma  Certificate  Received

Vocational or Technical: \_\_\_\_\_ Diploma  Certificate  Received

What skills or additional training do you have that are related to the job for which you are applying?  
\_\_\_\_\_

What machines or equipment can you operate related to the job for which you are applying?  
\_\_\_\_\_

Other certifications, business associations, or applicable skills not mentioned above?  
\_\_\_\_\_

**Certification**

I certify that the information contained on my application is true to the best of my knowledge and understand that falsification or omission of this information is grounds for refusal to hire , or , if hired, immediate dismissal. I authorize the company to investigate all statements contained in my resume and /or application for employment as may be necessary in arriving at an employment decision and I release all parties in this investigation from all liability as a result of releasing such information to the company.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# TOP FLIGHT AEROSTRUCTURES, INC.

## DISCLOSURE/RELEASE/AUTHORIZATION FORM

1. By this document Topflight Aerostructures Inc, discloses to you that a Consumer Report may be obtained for employment purposes as part of the pre-screening background check and at any time during your employment or affiliation.

2. This shall authorize the procurement of a consumer report by National Employment Screening DBA Premium Background Checks or its associates or other sources as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for National Employment Screening/Premium Background Checks or its associates or other sources to procure consumer reports at any time during my affiliation or employment period.

3. I also authorize the procurement of an investigative consumer report and understand that it may Contain information about my employment and educational background, criminal history, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

4. In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to the person or company with which this form has been filed if required, or their agent, National Employment Screening/ Premium Background Checks or its affiliates. I further authorize you to secure an investigative consumer report at any time, and any number of times, before, during and after my employment, if in your discretion, you have a legally permissible and legitimate business need for the information requested.

I release and hold harmless all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act.

I authorize National Employment Screening DBA Premium Background Checks and its clients to receive any criminal history information or credit report pertaining to me in the files of any state or local criminal justice agency.

My signature below also indicates that I have received a **Summary of Rights** in accordance with the Fair Credit Reporting Act.

Applicants Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_ City/Town \_\_\_\_\_



# TOP FLIGHT

AEROSTRUCTURES, INC.

Zip Code \_\_\_\_\_ Previous address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



# TOP FLIGHT AEROSTRUCTURES, INC.

## PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Top Flight Aerostructures, Inc. in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Prompt Chemical Screening may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

### **APPLICANT:**

Print Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **WITNESS:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# TOP FLIGHT AEROSTRUCTURES, INC.

## DIRECTIONS TO PROMPT CHEMICAL SCREENING (Hiram, GA)

### PROMPT CHEMICAL SCREENING

**Address:** 5745 Wendy Bagwell Pkwy Ste 9, Hiram, GA 30141

**Phone:** (770) 439-6656

**Hours:** 9:00am- 5:00pm (Monday-Friday), closed daily 12:00pm-1:00pm for lunch.

\*\*\*\*\*

**Directions to:**

Prompt Chemical Screening- (770) 439-6656

5745 Wendy Bagwell Parkway, Suite 9

Hiram, GA 30141

From Cadillac Parkway, turn right on Hwy 278 traveling towards Hiram. Travel 4.38 miles

Turn left onto Poplar Springs Rd. (RaceTrac Gas- opposite corner)

Prompt Chemical Screening is on your left in the store front shopping center.

Look for a blue sign, suite #9.