

Application for Employment



2209 22nd Street Phone:(906)-863-1200
Menominee, MI 49858 Fax:(906)-863-6821

Date: _____

PERSONAL INFORMATION

Last Name _____	First Name _____	Middle Name _____
Address _____	City _____	State _____ Zipcode _____
Home phone: _____	Cell Phone: _____	Email: _____
Social Security Number: _____	Have you ever been employed by Enstrom Helicopter Corporation? Yes No Year Terminated _____	
Person to Notify in Case of Emergency:	Name: _____	Address: _____
Do you have have any relatives employed by Enstrom?	No Yes Name: _____ Relationship _____	
Job Preference <u>1</u>	Date Available for work: _____	
<u>2</u>	Indicate shift you are willing to work: Any 1st 2nd 3rd	

MILITARY SERVICE

Military Service	No	Yes	Branch of Service _____	Date of Entry _____
*Type of Discharge _____	Date of Discharge _____	Rank at Discharge _____		

NOTE TO APPLICANT: INFORMATION REQUESTED IN ASTERISK DESIGNATED SECTIONS IS STRICTLY VOLUNTARY

*PERSONAL	*PHYSICAL	*BIRTH RECORD
Single Separated Married Divorced Widow Widower No. of Dependent Minor Children _____ How many reside with you? _____	Weight _____ Lbs. Height _____ Ft. _____ In.	Date of Birth _____ Age _____ Are you authorized to work in the United States of America? Yes No

Have you ever received a security clearance?	Yes	If Yes, indicate when granted, where, by whom, and level of clearance	
	No		
Have you ever been convicted of a felony?	Yes	If so, explain	
	No		

FOR OFFICE RECORD ONLY

Referred By: _____	Rate: _____
Interviewed By: _____	Department: _____
Starting Date: _____	Employee Number: _____
Job Class: _____	Misc. Information: _____
Grade: _____	

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EDUCATIONAL RECORD

Level of Schooling	Name and Complete Address of Schools	Last Grade Completed	Did You Graduate?	Date of Leaving or Graduation
High School		9 10 11 12		
College		No. Years Completed	Degrees Obtained	
Major(s):				

Special Job Information: (List any certifications, special training, include nature of training, dates and duration.)

EMPLOYMENT RECORD

Give a complete record of all employment and reasons for periods unemployed during the past ten years. Start with the most recent employment.

Employed		Employer's Name, Address, Telephone No.	Last Salary and Position(s) Held	Briefly Outline Your Duties	Reason for Leaving		
From	To				Laid Off	Discharge	Other (Explain)
		Employer	Salary/Per Hr. \$				
		Address City State Zip	Position				
		Phone Number					
		Employer	Salary/Per Hr. \$				
		Address City State Zip	Position				
		Phone Number					
		Employer	Salary/Per Hr. \$				
		Address City State Zip	Position				
		Phone Number					
		Employer	Salary/Per Hr. \$				
		Address City State Zip	Position				
		Phone Number					

REFERENCES

Name	Address	Telephone	Occupation

I certify that the answers given by me to the foregoing questions and statements made are true and correct without consequential omissions of any kind whatsoever. I agree to abide by all rules and regulations now in force or that may be established by the company. I agree to become responsible for tools and equipment issued to me by the company until returned by me and to pay for all tools and equipment not returned. I agree to sign the company's patent agreement if I am employed or engaged in research development, experimental or engineering work. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I agree to submit to physical examination. I also authorize the companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is on their records. I hereby release said companies, schools or persons from all liability for any damage whatsoever for issuing this information.

READ THE ABOVE STATEMENT AND SIGN APPLICATION HERE:

DATE:

FOR OFFICE RECORD ONLY

COMMENTS BY INTERVIEWER:			
SIGNED:		DATE:	