

The ENSTROM HELICOPTER CORPORATION
P.O. Box 490 • Menominee, Michigan 49858
— An Equal Opportunity Employer —

APPLICATION FOR EMPLOYMENT

MISS
 MRS.
 MR.


SOCIAL SECURITY NUMBER

DATE

YOUR ADDRESS (PRINT LAST NAME) (PRINT FIRST NAME) (PRINT MIDDLE NAME)
NUMBER STREET CITY STATE Zip Code TELEPHONE NUMBER

HAVE YOU EVER BEEN EMPLOYED BY ENSTROM HELICOPTER CORPORATION? YES NO
YEAR TERMINATED

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

<p>* PERSONAL</p> <p>SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> NUMBER OF DEPENDENT MINOR CHILDREN _____ HOW MANY RESIDE WITH YOU? _____</p>		<p>* PHYSICAL</p> <p>WEIGHT _____ LBS. HEIGHT _____ FT. _____ IN. COLOR OF HAIR _____ COLOR OF EYES _____</p>	<p>* BIRTH RECORD</p> <p>DATE BIRTH _____ AGE _____ ARE YOU NOW A CITIZEN OF THE UNITED STATES OF AMERICA? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>TO WHAT ORGANIZATIONS OTHER THAN TRADE UNIONS DO YOU BELONG? GIVE NAME AND ADDRESS, BUT EXCLUDE ANY ORGANIZATION THE NAME OR CHARACTER OF WHICH MIGHT INDICATE THE RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY OF ITS MEMBERS.</p>		<p>JOB PREFERENCE</p> <p>1. _____ 2. _____ WHEN CAN YOU REPORT FOR WORK? _____ INDICATE SHIFT YOU ARE WILLING TO WORK: ANY <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> GRAVEYARD <input type="checkbox"/></p>	

FOR OFFICE RECORD ONLY

REFERRED BY: _____
INTERVIEWED BY: _____
STARTING DATE: _____
JOB CLASS: _____
GRADE: _____
RATE: _____
DEPARTMENT: _____
EMPLOYEE NUMBER: _____
MISC. INFORMATION: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME ADDRESS TELEPHONE

DO YOU HAVE ANY RELATIVES EMPLOYED BY ENSTROM CORPORATION? YES NO NAME DEPT. RELATIONSHIP

HAVE YOU ANY PHYSICAL LIMITATIONS OR DISABILITIES WHICH WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED? YES NO IF SO, EXPLAIN

HAVE YOU EVER RECEIVED A SECURITY CLEARANCE? YES NO IF YES, INDICATE WHEN GRANTED, WHERE, BY WHOM, AND LEVEL OF CLEARANCE

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF SO, EXPLAIN

GIVE THREE REFERENCES WHICH ARE EMPLOYMENT RELATED

NAME	ADDRESS	TELEPHONE	OCCUPATION

MILITARY SERVICE	BRANCH OF SERVICE	DATE OF ENTRY	TYPE DISCHARGE	DATE OF DISCHARGE	RANK AT DISCHARGE
YES <input type="checkbox"/> NO <input type="checkbox"/>					

EDUCATIONAL RECORD:

NAME AND COMPLETE ADDRESS OF SCHOOLS

LAST ELEMENTARY SCHOOL	CIRCLE LAST GRADE COMPLETED	DID YOU GRADUATE?	DATE OF LEAVING OR GRADUATION
LAST HIGH SCHOOL	1 2 3 4 5 6 7 8		
COLLEGE	9 10 11 12		
(DO NOT LIST EXTENSION OR PART TIME COURSES HERE)	NO. YEARS COMPLETED	DEGREES OBTAINED	

SPECIAL JOB INFORMATION: In this space, list any special training, include nature of course, dates and duration.

WHAT OFFICE MACHINES CAN YOU USE?	TYPING SPEED	WORDS PER MIN.	SHORTHAND SPEED	WORDS PER MIN.
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EMPLOYMENT RECORD — GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS UNEMPLOYED DURING THE PAST TEN YEARS. START WITH MOST RECENT EMPLOYMENT.

EMPLOYED FROM	EMPLOYED TO	EMPLOYER'S NAME, ADDRESS, TELEPHONE NO. AND NAME OF LAST SUPERVISOR	LAST SALARY AND POSITION(S) HELD	BRIEFLY OUTLINE YOUR DUTIES	REASON FOR LEAVING		
					LAID OFF	DIS-CHARGE	OTHER (EXPLAIN)
		1. EMPLOYER NO. & STREET CITY, STATE, ZIP PHONE NO.	\$ SALARY PER POSITION				
		2. EMPLOYER NO. & STREET CITY, STATE, ZIP PHONE NO.	\$ SALARY PER POSITION				
		3. EMPLOYER NO. & STREET CITY, STATE, ZIP PHONE NO.	\$ SALARY PER POSITION				
		4. EMPLOYER NO. & STREET CITY, STATE, ZIP PHONE NO.	\$ SALARY PER POSITION				
		5. EMPLOYER NO. & STREET CITY, STATE, ZIP PHONE NO.	\$ SALARY PER POSITION				
		6. EMPLOYER NO. & STREET CITY, STATE, ZIP PHONE NO.	\$ SALARY PER POSITION				

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.

APPLICANT — DO NOT USE THIS SPACE

READ THE ABOVE STATEMENT
AND SIGN APPLICATION HERE

DATE _____

COMMENTS BY INTERVIEWER:

RATING BY INTERVIEWER	Outstanding	Above Average	Average	Below Average
TRAINING				
EXPERIENCE				
CAPABILITY				
MOTIVATION				
PERSONALITY				
CHARACTER				
REF. CHECKS				

Signed: _____

Date _____