

# **ALPHA** Aviation Components, Inc.

16772 Schoenborn Street, North Hills, California 91343  
Tel 818.894.8801 • Fax 818.894.6973 • www.alphaaci.com

**An Equal Opportunity Employer**

## **Employment Application**

Position applying for: \_\_\_\_\_

### **Personal Information:**

\_\_\_\_\_

Date	Last Name	First Name
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\_\_\_\_\_

Address: Number & Street	City	State / Zip
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\_\_\_\_\_

Mobile Phone	Home Phone	Email	Social Security Number
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Have you ever applied to, or worked for ALPHA before?                      Yes      No

If yes, when? \_\_\_\_\_

Do you have friends or relatives working for ALPHA?                      Yes      No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... Yes      No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

We comply with the ADA, and will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform their essential job functions.

### **Employment Desired:**

Please answer the following questions:

Are you available to work?	Full Time	Part Time	Shift Work		
Have you ever worked with critical aerospace or medical parts requiring tolerances within .0002?				Yes	No
Are you willing to demonstrate your skills as a qualified set-up person?				Yes	No
Are you reliable and responsible to be on the job every day?				Yes	No
Can you be relied upon to be at work on time each day?				Yes	No

Can you travel if a job requires it? Yes No  
Are you available for work on weekends and long hours? Yes No

If hired, on what date can you start work? \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_  
or hourly rate: \$ \_\_\_\_\_ / hr

**Education and Training:**

**School Name and Address** \_\_\_\_\_ **Semester Units Completed** \_\_\_\_\_ **Did you Graduate?** Yes No **Degree or Diploma** \_\_\_\_\_  
**High School Or GED**  
Name \_\_\_\_\_ Credits \_\_\_\_\_ Degree \_\_\_\_\_  
Street Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

**College, or University** \_\_\_\_\_ **Units** \_\_\_\_\_ **Yes** **No** **Degree** \_\_\_\_\_  
Name \_\_\_\_\_ Degree \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree Description \_\_\_\_\_  
Street Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

**College, or University** \_\_\_\_\_ **Units** \_\_\_\_\_ **Yes** **No** **Degree** \_\_\_\_\_  
Name \_\_\_\_\_ Degree \_\_\_\_\_  
Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree Description \_\_\_\_\_  
Street Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

What foreign language do you speak, read and / or write?

Fluently Good Fair  
Speak: \_\_\_\_\_  
Read: \_\_\_\_\_  
Write: \_\_\_\_\_

List other qualifying experience, training, licenses, certifications, or skills relating to the position applied for:

\_\_\_\_\_

## Professional References:

_____ First Name (1)	_____ Last Name	_____ Telephone No.	_____ Fax No.
_____ Address & Street	_____ City / State		_____ Zip
_____ Occupation	_____ Years Acquainted	_____ Email Address	
_____ First Name (2)	_____ Last Name	_____ Telephone No.	_____ Fax No.
_____ Address & Street	_____ City / State		_____ Zip
_____ Occupation	_____ Years Acquainted	_____ Email Address	
_____ First Name (3)	_____ Last Name	_____ Telephone No.	_____ Fax No.
_____ Address & Street	_____ City / State		_____ Zip
_____ Occupation	_____ Years Acquainted	_____ Email Address	

## Employment History / Experience:

List below all present and past employment starting with most recent employer (list last 5 employers or last 10 years {whichever is longer}). Account for all periods of unemployment. Please complete this section even if attaching a resume.

_____ Name of Employer (1)	_____ Telephone No.	_____ Fax No.			
_____ Type of Business	_____ Your Supervisor's Name / Title / Email Address				
_____ Address & Street	_____ City / State	_____ Zip			
Dates of Employment: From _____ To _____					
Your Position _____					
Your Duties _____					
_____ Reason for Leaving					
_____ May we contact this employer now for a reference?	_____ Yes	_____ No	_____ Or at a later time?	_____ Yes	_____ No

_____ Name of Employer (2)	_____ Telephone No.	_____ Fax No.			
_____ Type of Business	_____ Your Supervisor's Name / Title / Email Address				
_____ Address & Street	_____ City / State	_____ Zip			
Dates of Employment: From _____ To _____					
Your Position _____					
Your Duties _____					
_____ Reason for Leaving					
_____ May we contact this employer now for a reference?	_____ Yes	_____ No	_____ Or at a later time?	_____ Yes	_____ No

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**Name of Employer (3)** \_\_\_\_\_ Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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Type of Business \_\_\_\_\_ Your Supervisor's Name / Title / Email Address \_\_\_\_\_

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Address & Street \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position \_\_\_\_\_

Your Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

May we contact this employer now for a reference?      Yes      No      Or at a later time?      Yes      No

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**Name of Employer (4)** \_\_\_\_\_ Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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Type of Business \_\_\_\_\_ Your Supervisor's Name / Title / Email Address \_\_\_\_\_

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Address & Street \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position \_\_\_\_\_

Your Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

May we contact this employer now for a reference?      Yes      No      Or at a later time?      Yes      No

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**Name of Employer (5)** \_\_\_\_\_ Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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Type of Business \_\_\_\_\_ Your Supervisor's Name / Title / Email Address \_\_\_\_\_

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Address & Street \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position \_\_\_\_\_

Your Duties \_\_\_\_\_

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Reason for Leaving \_\_\_\_\_

May we contact this employer now for a reference?      Yes      No      Or at a later time?      Yes      No

Please check any of the following machinery and / or equipment that you are familiar with using and are prepared to demonstrate:

- |                       |                              |
|-----------------------|------------------------------|
| 6" inspection scale   | CNC Lathes                   |
| 1" micrometer         | CNC Screw Machines           |
| 4x eye loop           | Manual lathes                |
| Blueprint reading     | 4 axis CNC machining centers |
| Shop Travelers        | 5 axis CNC machining centers |
| Micro – finish scale  | Levin Jewelers lathes        |
| Comparator            | Sunnen honing machines       |
| Microscope            | Diamond wheel tool grinders  |
| Calipers              | Milling machines             |
| Pin gages             | Small drill press            |
| Thread ring gages     | C'less grinders              |
| Indicator super mics  | O.D. or surface grinders     |
| Concentricity set-ups | Deburring tools              |
| Wire EDM              | Burnishing machines          |
| Sinker EDM            | Burnishing machines          |
| Mitutoyo CMM          | Other CMM _____              |

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**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this "Application for Employment" as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

**"AT – WILL" DISCLAIMER**

If given employment, I hereby agree that such employment is at – will and may be terminated by the company at any time without advance and without liability to me for wages or salary. I further understand that any such termination may be for any reason or no reason at all.

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Signature of Applicant

Date