



Application for Employment

Applicant Information			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	Alternate Number		
Cell	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Employment type	<input type="checkbox"/> Full <input type="checkbox"/> Part	Shift applying for	<input type="checkbox"/> Days <input type="checkbox"/> Nights
Are you a US Person (US citizen or permanent resident having green card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about us?	<input type="checkbox"/> Ad <input type="checkbox"/> Referral	Referral, Who	
Have you ever worked for us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?	
Have you ever been terminated or asked to resign from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain	
Do you have agreement that would restrict your job performance for us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain	
Have you ever used another name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain	
References			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			



Education

High School		Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree
College		Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Year of graduation	Degree
Other Education		Address	
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Year of graduation	Degree

Previous Employment

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			



• **MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

• **DISCLAIMER AND SIGNATURE**

I certify that the information provided on this application is accurate and complete to the best of my knowledge and agree to have any of the information verified by NuSpace unless I have indicated to the contrary in writing on the application. By signing below, I authorize the references listed on this application to provide NuSpace all information concerning my previous employment and any other pertinent information that they may have. Further, I release NuSpace and any other parties from any and all liability or claims arising out of the disclosure or use of references or other information provided to Keystone Engineering Company during the process of verifying the statements made in this application. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, will result in my dismissal from employment.

Also, I understand that, if I am hired, I may be required as a condition of employment to take and pass drug and alcohol tests during employment to the extent required by NuSpace policies and consistent with applicable law. This may include, for example, random, reasonable suspicion, post-accident, return to duty and follow-up testing of employees in certain positions, as required to comply with the FAA Anti-Drug/Alcohol Testing Program.

Furthermore, if hired, in consideration of my employment I agree to conform to the rules and standards of the Company and agree that my employment can be terminated "at will" at any time, with or without cause, and with or without notice, either at my option or at the option of NuSpace. I understand that no employee or representative of the Company to which I am applying, has the authority to enter into any agreement for employment for any specified period of time, or to enter into any express or implied agreement to the contrary of at-will employment, except for a written agreement signed by me and the President of the company. I agree that this shall constitute a final and fully binding integrated agreement regarding the at-will nature of my employment relationship if I am hired.

I acknowledge that I have personally completed this application, have read all of the above statements, and understand them.

Signature	Date
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