

EMPLOYMENT APPLICATION

AMSAFE®, INC.



INSTRUCTIONS:

Please fill out this application completely and accurately.
Print all responses except your signature.

Position being applied for

PERSONAL INFORMATION

Last name

First name

Middle name

Have you ever gone by a different name?

Yes

No

If yes what name did you go by?

Last name

First name

Middle name

ADDRESS

Street

Apt.#

City

State

Zip

CONTACTS

Home phone ()

Cell phone ()

Email

Are you either: (1) a U.S. citizen or, if not, (2) do you currently have lawful employment authorization which permits you to work for AmSafe without AmSafe having to take any action, either upon employment, or at any date in the future, to ensure or assist you in maintaining lawful employment authorization to work for AmSafe?

Yes

No

If your answer was "Yes," answer the following question: Are you a student on a temporary visa?

Proof of authorization to work will be required if you are employed by the Company.

Yes

No

Have you been convicted, or pled guilty, no contest or nolo contendere to a crime other than a minor traffic offense within the last 7 years? (Do not include convictions upon which your record was sealed, set aside or expunged. A conviction will not disqualify you from employment unless it is job-related and consistent with business necessity.)

Yes

No

If yes please explain

Do you have any relatives who are employed by this company?

Yes

No

If yes please list

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Are you subject to any employment agreement or post-employment agreement with any other employer (including, but not limited to, employment contracts, non-compete or non-solicitation of customer or employee agreements, intellectual property rights agreements and/or confidentiality agreements)?

Yes No

If yes, attach a complete and accurate copy of each agreement.

AVAILABILITY

If employed, do you have reliable transportation to and from work?

Yes No

Are you looking for a full-time job?

Yes No

If no, how many hours a week would you like to work?
.....

Will you work any shift (Complete for warehouse or plant positions only)?

Yes No

If no, what shift can you work?

Day: 6:00 AM - 2:30PM Afternoon: 3:00PM - 11:30PM

Are you willing and able to work weekends and holidays?

Yes No

AmSafe will attempt to reasonably accommodate an applicant's religious needs, as required by law.

Are you willing to work overtime as requested?

Yes No

We are an Equal Opportunity/Affirmative Action Employer. Accordingly, all qualified applicants will receive consideration for employment and will not be discriminated against on the basis of race/ethnicity, color, religion, sex or sexual orientation, gender identity, pregnancy, genetic information, marital status, age, national origin, mental or physical disability, status as a recently separated veteran, disabled veteran, armed forces service medal veteran, active wartime or campaign badge veteran, or other legally protected status, as required by law. AmSafe is committed to taking affirmative action to employ and advance qualified women, minorities, individuals with physical or mental disabilities and protected veterans at all levels of the Company. AmSafe's policy has been, and will continue to be, to: recruit, hire, employ, train, advance, transfer and promote persons in all job titles for which they are qualified, without regard to physical or mental disability, protected veterans status or any other legally protected status, as required by law so as to further the principle of equal employment opportunity.

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you anticipate needing a reasonable accommodation to perform the job for which you are applying. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment. Anyone needing reasonable accommodation to access the information on our careers page or to apply for a position in the United States should email careers@amsafe.com

EDUCATION AND KNOWLEDGE

HIGH SCHOOL

Years completed:

School name and address

Degree / Diploma

Major course of study

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▶ EDUCATION AND KNOWLEDGE (continued)

COLLEGE

Years completed:

School name and address

Degree / Diploma

Major course of study

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GRADUATE SCHOOL

Years completed:

School name and address

Degree / Diploma

Major course of study

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TRADE / BUSINESS / CORRESPONDENCE

Years completed:

School name and address

Degree / Diploma

Major course of study

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OTHER

Years completed:

School name and address

Degree / Diploma

Major course of study

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EDUCATION AND KNOWLEDGE (continued)

SKILLS AND TRAINING

Machines operated

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Read blueprints Yes No

Sew Yes No

Read Schematics Yes No If yes, when

Type Yes No If yes, how many words per minute?

Other skills/training

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Computer software programs

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Certificates

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Give a brief statement why you feel you qualify for the position or type of work you are seeking

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EMPLOYMENT HISTORY

Account for all time for the past 10 years, whether working or not. START WITH YOUR MOST RECENT EXPERIENCE and work backwards. Give completed information. If self-employed, give firm name. Attach additional sheets if necessary.

WORK EXPERIENCE 1

Job title	.....
Employer name and address	Supervisor	Reason for leaving
.....
.....	Phone	.....
.....
.....	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	.....
.....
.....	Date started / /	.....
.....	Date left / /	.....
.....	Pay rate when started	.....
.....	Pay rate when left	.....

WORK EXPERIENCE 2

Job title	.....
Employer name and address	Supervisor	Reason for leaving
.....
.....	Phone	.....
.....
.....	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	.....
.....
.....	Date started / /	.....
.....	Date left / /	.....
.....	Pay rate when started	.....
.....	Pay rate when left	.....

WORK EXPERIENCE 3

Job title	
Employer name and address	Supervisor	Reason for leaving
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.....	Phone
.....
.....	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
.....
.....	Date started / /
.....	Date left / /
.....	Pay rate when started
.....	Pay rate when left	.....

EMPLOYMENT APPLICATION

AMSAFE®, INC.



▶ EMPLOYMENT HISTORY (continued)

Account for all time for the past 10 years, whether working or not. START WITH YOUR MOST RECENT EXPERIENCE and work backwards. Give completed information. If self-employed, give firm name. Attach additional sheets if necessary.

WORK EXPERIENCE 4

Job title	.....
Employer name and address	Supervisor	Reason for leaving
.....
.....	Phone	.....
.....
.....	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	.....
.....	Date started / /	.....
.....	Date left / /	.....
.....	Pay rate when started	.....
.....	Pay rate when left	.....

WORK EXPERIENCE 5

Job title	.....
Employer name and address	Supervisor	Reason for leaving
.....
.....	Phone	.....
.....
.....	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	.....
.....	Date started / /	.....
.....	Date left / /	.....
.....	Pay rate when started	.....
.....	Pay rate when left	.....

U.S. Military service Yes No

Branch of Service From / / To / /

Rank and type of Service

Training/Experience received

.....

Have you ever applied to or been employed by us before? Yes No

If yes, when?

.....

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REFERENCES (Do not include relatives)

REFERENCE 1	Known name
Address	Phone
	Occupation
	Years

REFERENCE 2	Known name
Address	Phone
	Occupation
	Years

REFERENCE 3	Known name
Address	Phone
	Occupation
	Years

APPLICANT AUTHORIZATION, RELEASE, AND STATEMENT

THIS IS NOT A CONTRACT. I understand that this application is not a contract of employment and may be active for a maximum period of one year. After that, if I wish to be considered for employment, I must submit a new application.

AUTHORIZATION: I understand that the company will investigate and verify information given on this application, related papers and in interviews. This investigation may include online searches of public information on social media sites. I authorize the company to do so. I authorize schools, former employers, except my current employer if so noted, and former supervisors to provide any and all information related to my work and personal history and hereby release those providing such information from any liability for doing so. I have no objection to making application for security clearance, signing an employee agreement on confidential information and inventions, or taking a medical examination.

I understand that employment, if offered, is contingent upon my providing proof that I can legally work in the United States, providing additional information for employee record purposes and passing a drug screen. In accordance with FAA guidelines, and this company's policies, AmSafe, Inc. may not hire me to perform in a covered, safety sensitive function unless I pass a drug screen involving urine testing for marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP). I understand that AmSafe, Inc. is a drug free workplace and reserves the right to enforce drug, or integrity testing not only for pre-employment but also drug, alcohol or integrity testing at any time on a random, post-accident, or for cause basis during my employment. Failure of such drug/alcohol tests may result in rejection of my application or termination of my employment with AmSafe, Inc.

I understand that should I accept an offer of employment from AmSafe, Inc., my employment would be "at-will". This means that either I or AmSafe, Inc. may terminate my employment at any time, for any or no reason whatsoever, with or without good cause, and without liability.

I certify that the information given by me in this Employment Application is true and complete. I understand that any falsification, misrepresentations, or material omissions will be sufficient for dismissal or refusal of employment.

I have read the above, understand its content and meaning, and voluntarily and freely agree to all of its provisions.

Your signature _____ Date _____

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 **OFFICE USE ONLY** (Applicants, please do not write below)

Interviewed by 1)	2)
References checked by	
Drug test results	
Other background checks	
Check One: Offer extended on	
No Offer (reason)	
Starting date	Rate
Job	Classification
Relocation information	
Agency fee arrangements	
Other commitments	
Approved by	Date

INVITATION TO APPLICANTS TO SELF-IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

This company prepares affirmative action plans that cover females, minorities, protected veterans, and individuals with disabilities. This survey is meant to help the company fulfill various objectives in these affirmative action plans. **PLEASE NOTE: You are not required to complete any part of this form.** Submission of this form is voluntary. The decision not to complete this form will not affect any opportunity for employment or any benefits with the company. Any information you provide in this survey will be kept confidential and will not be used in any way that may adversely affect your employment with this company.

Name: _____ Date: _____

Position you are applying for: _____

How were you referred to the company? _____

AFFIRMATIVE ACTION RELATED DATA (Please check appropriate boxes)

GENDER

- Male Female Decline to Answer

ETHNICITY

- Hispanic (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 Not Hispanic
 Decline to Answer

RACE (If you checked "Not Hispanic" above, please check one or more of the boxes below.)

- Asian/Indian Subcontinent (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
 Black/African American (A person having origins in any of the Black racial groups of Africa.)
 Native American/Alaskan Native (A person having origins in any of the original peoples of North and South America [including Central America], and who maintains tribal affiliation or community attachment.)
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
 Decline to Answer

PROTECTED VETERAN

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I belong to one or more of the classifications of protected veterans listed below.
 I am not a veteran.
 Decline to Answer.

Protected Veteran Categories:

Disabled Veteran - A disabled veteran is one of the following: (a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs or (b) a person who was discharged or released from active duty because of a service connected disability.

Recently Separated Veteran - A recently separated veteran is a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime Or Campaign Badge Veteran - An active duty wartime or campaign badge veteran is a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. (Note: The term "Active Duty Wartime Veteran" includes, but is not limited to, a veteran who served any time between 8/5/64 and 5/7/75, any time between 8/2/90 and the present day, as well as during various military conflicts defined as qualifying events by the Department of Defense.)

Armed Forces Service Medal Veteran - An armed forces service medal veteran is a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.