



KESSINGTON AEROSPACE

Application of Employment

Pre-employment questionnaire equal opportunity employer



574.266.4500

1020 County Road 6 West | Elkhart, IN 46514

kessington.com

PERSONAL INFORMATION

NAME (LAST NAME FIRST)

SOCIAL SECURITY NO.

PRESENT ADDRESS

CITY

STATE

ZIP CODE

PERMANENT ADDRESS

CITY

STATE

ZIP CODE

PHONE NO.

SECONDARY PHONE NO.

REFERRED BY

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU CURRENT EMPLOYED?	NO	YES	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	NO	YES
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	NO	YES	WHERE	WHEN	

EDUCATION HISTORY

HIGH SCHOOL / NAME & LOCATION

YRS. ATTENDED

SUBJECTS STUDIED

DID YOU GRADUATE?	NO	YES
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COLLEGE / NAME & LOCATION

YRS. ATTENDED

SUBJECTS STUDIED

DID YOU GRADUATE?	NO	YES
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TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL

YRS. ATTENDED

SUBJECTS STUDIED

DID YOU GRADUATE?	NO	YES
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GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

U.S. MILITARY OR NAVAL SERVICE

RANK

FORMER EMPLOYERS

NAME & ADDRESS OF EMPLOYER

POSITION

SALARY

DATES (MONTH & YEAR) FROM

TO

REASON FOR LEAVING

NAME & ADDRESS OF EMPLOYER

POSITION

SALARY

DATES (MONTH & YEAR) FROM

TO

REASON FOR LEAVING

NAME & ADDRESS OF EMPLOYER

POSITION

SALARY

DATES (MONTH & YEAR) FROM

TO

REASON FOR LEAVING

NAME & ADDRESS OF EMPLOYER

POSITION

SALARY

DATES (MONTH & YEAR) FROM

TO

REASON FOR LEAVING

REFERENCES *(Give below the names of three persons not related to you, whom you have known at least one year)*

NAME PHONE NUMBER BUSINESS YEARS KNOWN

NAME PHONE NUMBER BUSINESS YEARS KNOWN

NAME PHONE NUMBER BUSINESS YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United State and to complete the required employment eligibility verification document form upon hire.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS CHARACTER PERSONALITY
ABILITY HIRED FOR DEPT.
POSITION WILL REPORT SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

PRE OFFER SELF-IDENTIFICATION FOR APPLICANTS

Voluntary Self-Identification of Gender and Ethnicity/Race

Kessington LLC. (*Kessington*) is an Equal Opportunity Employer. The Equal Employment Opportunity Commission has provided the following statement about the voluntary nature of this inquiry and requires us to ask the questions below.

Kessington is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite individuals to voluntarily self-identify their gender, race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential (separate from employment applications and personnel files) and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Thank for your cooperation.

GENDER INFORMATION

WHAT IS YOUR GENDER

ETHNICITY /RACE INFORMATION

HISPANIC OR LATINO

NO

YES

i.e. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If answered YES, form is complete. No further questions need to be answered. If answered NO, proceed to next question.

WHAT IS YOUR RACE

White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black/African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) - 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.

American Indian or Alaska Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (not Hispanic or Latino) - A persons who identify with more than one of the above five races.

Please list your races:

Decline Self-Identification - If you do not wish to self-identify.

PRE-OFFER VOLUNTARY SELF-IDENTIFICATION OF PROTECTED VETERAN

Why am you being asked to complete this form?

Because we do business with the government, we must take action to employ and advance in employment qualified protected veterans. To help us measure how well we are doing, we are asking you to tell us if you are a protected veteran. Completing this form is voluntary, but we hope that you will choose to fill it out. Any answer you give will be kept private and will not be used against you in any way.

How do I know if I am a protected veteran?

The government defines a “protected veteran” as a person meeting one or more of the following classifications:

1. Disabled Veteran means:
 - (a) *A veteran of the U.S. military, ground, naval or air force 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 has discharged or released from active duty because of a service-connected disability.*
2. Recently Separated Veteran means any veteran discharged from active duty in the U.S. military, ground, naval, or air service within the last three years.
3. Active Duty Wartime or Campaign Badge Veteran means 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 be authorized under the laws administered by the Department of Defense.
4. Armed Forces Service Medal Veteran means 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.

Self-Identification

Please chose one

YES, I FIT ONE OR MORE OF THE PROTECTED VETERAN CLASSIFICATIONS LISTED ABOVE

NO, I AM NOT A PROTECTED VETERAN

I DO NOT WISH TO ANSWER

TODAY'S DATE

YOUR NAME

PRE-OFFER VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

Why am 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:

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

PLEASE CHOSE ONE:

YES, I HAVE A DISABILITY *(or previously had a disability)*

NO, I DO NOT HAVE A DISABILITY

I DO NOT WISH TO ANSWER

TODAY'S DATE

YOUR NAME

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.

¹ Section 503 of 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 five minutes to complete.