

# ATLANTA AEROSPACE

Division of Poly-Fiber Enterprises, Inc.  
129 Sky Harbor Way, Griffin, GA 30224  
P: (770) 467-9490 F: (770) 467-9413  
[www.atlantaaero.com](http://www.atlantaaero.com)

## APPLICATION FOR EMPLOYMENT

Poly-Fiber Enterprises, Inc. d/b/a Atlanta Aerospace is an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other category protected by applicable federal, state, or local laws.

This company is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company may terminate the employment relationship at any time, for any reason, with or without cause or notice.

Please answer all questions and print clearly. Resumes are not a substitute for a completed application.

### Personal Information

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ Apt. or Unit # \_\_\_\_\_  
City / State / Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_ / \_\_\_\_\_  
Years / Months

Email Address (if any): \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Desired Salary/Hourly Rate: \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment? \_\_\_ Yes \_\_\_ No

Date available to begin work: \_\_\_\_\_

Type of employment desired: Full Time \_\_\_ Part Time (Specify) \_\_\_\_\_

Are you willing to work overtime? \_\_\_ Yes \_\_\_ No

Have you previously applied for employment with Atlanta Aerospace? No \_\_\_ Yes (Specify Date) \_\_\_\_\_

Have you ever been employed by Atlanta Aerospace? \_\_\_ No \_\_\_ Yes (Specify dates of employment and reason for separation below)

**Background Information** – All applicants do not have to include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense? \_\_\_ Yes \_\_\_ No

Have you ever been arrested for any matters for which you are currently pending trial? \_\_\_ Yes \_\_\_ No

**Criminal Offenses Only:** IF you answered YES, to either of the above two questions, please provide the date(s) and explanation.

\_\_\_\_\_

*Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.*

Have you ever initiated an act of violence in the workplace? \_\_\_ No \_\_\_ Yes (provide explanation below)

## Education and Skills

Level of Education	School Name & Location	Course of Study	Years Completed	Type of Degree / Diploma Obtained
High School				
College				
Other <i>(Tech, Trade, etc.)</i>				

List any awards or honors received: \_\_\_\_\_

List all special technical skills that you feel qualify you for the job for which you are applying (*ex: computer programming, software, equipment operation, special tools or machines, etc.*):

## Work Experience

*Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.*

Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
*Beginning* *Ending*

Employer Address: \_\_\_\_\_  
*Street* *City / State*

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
*Beginning* *Ending*

Employer Address: \_\_\_\_\_  
*Street* *City / State*

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
*Beginning* *Ending*

Employer Address: \_\_\_\_\_  
*Street* *City / State*

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Duties: \_\_\_\_\_

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

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked to resign from any job?  Yes  No

Has your employment ever been terminated by mutual agreement?  Yes  No

Have you ever been given the choice to resign rather than be terminated?  Yes  No

If you answered YES to any of the above three questions, please explain the circumstances of each occasion.

### References

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Company	Work Relationship	Telephone

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Number of Years Known	Telephone

### Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace and drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that the information on this application, my resume, or any other supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT, EXPRESS OR IMPLIED, WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.

**I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.**

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Applicant Signature

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Date

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If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

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Parent/Legal Guardian

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Date

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Witness

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Date