

NAME: _____
Last First MI

Date: _____



APPLICATION FOR EMPLOYMENT

CANDIDATE INFORMATION

Name _____ Present Address _____
Last First MI Street City State Zip
Phone Number (_____) _____ Email Address _____

NOTICE TO ALL APPLICANTS
Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within two (2) days of being hired. Failure to submit such proof within the required time period will result in immediate termination. Any offer of employment that may be made to you is contingent on your submission of satisfactory proof of your identity and legal authorization to work in the United States. If you fail to submit this proof, Federal Law prohibits us from hiring you. AeroGen-TEK participates in E-Verify and will provide the Social Security Administration and, if necessary, the Department of Homeland Security, with information from each new employee's Form I-9 to confirm work authorization. Covered employees, as defined by 14 CFR part 120.7(f), will be part of a random drug and alcohol screen program which tests for evidence of alcohol, marijuana, cocaine, opiates, PCP, and amphetamines.

Are you 18 years of age or older? YES NO If no, do you have a work permit? YES NO
Have you previously been employed by this company? YES NO If yes, provide dates of employment: _____
Please list any relatives or friends who are employed at this worksite and their relationship to you: _____

Position Applied For _____ Date you can start _____ Expected Salary _____

Indicate the hours and days you are available to work:

From:	Sun	Mon	Tues	Wed	Thu	Fri	Sat
To:							

What shifts are you available to work? _____
Total number of hours available to work each week: _____
Would you be available to work overtime? _____
Do you have transportation available to and from work? YES NO
If the position requires it, are you available to travel? YES NO

UNITED STATES MILITARY SERVICE

Have you served in the United States Military? YES NO
Branch _____ Service Dates: From _____ To _____ Type of Discharge _____

EMPLOYMENT RECORD

- BEGIN WITH MOST RECENT OR CURRENT EMPLOYER
- List places of employment including temporary and permanent and list Telephone Numbers for contact during business hours.
- If necessary, attach additional sheet to include more details and/or employers. A resume may be submitted in lieu of completing this section.

Dates	Employer 1		Position	Immediate Supervisor	Reason for Leaving	Primary Job Duties
	Started	Company Name				
Ended	Address		Ending Title	Title		

Dates	Employer 2		Position	Immediate Supervisor	Reason for Leaving	Primary Job Duties
	Started	Company Name				
Ended	Address		Ending Title	Title		

Dates	Employer 3		Position	Immediate Supervisor	Reason for Leaving	Primary Job Duties
	Started	Company Name				
Ended	Address		Ending Title	Title		

Dates	Employer 4		Position	Immediate Supervisor	Reason for Leaving	Primary Job Duties
	Started	Name				
Ended	Address		Ending Title	Title		

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you on layoff and subject to recall? Yes No

Have you ever been discharged? Yes No

EDUCATION

Type of School	Name of School	Major and Minor Courses	Years Completed	Degrees Or Certificates	Letter Grade/GPA
High School	Name		9 10 11 12		
	City				
College	Name		1 2 3 4		
	City				
Graduate School	Name		1 2 3 4		
	City				
Business or Technical School	Name		1 2 3 4		
	City				

Vocational or Trade Training: _____

Professional Licenses: _____

Computer Skills: _____

Special Skills or Machines Operated: _____

PERSONAL REFERENCES

Do not list relatives or former employers

Name	Occupation	Name	Occupation
Email Address	Phone Number ()	Email Address	Phone Number ()
Name	Occupation	Name	Occupation
Email Address	Phone Number ()	Email Address	Phone Number ()

I CERTIFY that the information contained in this application is true and correct without any omissions of any kind whatsoever. I hereby acknowledge my understanding that falsification of the information given or the omission of any necessary or relevant information is grounds for refusal to hire or, if hired, for termination. I agree that AeroGen-TEK called "The Company" herein shall not be liable in any respect if my employment is terminated because of false statement or omissions.

I hereby authorize all of my prior employers, the officials of all schools which I have attended or been associated with, any person named above or on this application form, all public officials, or any other person or entity to give any information regarding my employment, whether or not it is on their records. I hereby release said employers, schools, public officials and other persons and entities, from any and all liability for any damage whatsoever which might result from their revealing or publishing this information, now or in the future.

I understand and agree that an investigation may be made whereby information is obtained through credit references, my business or personal references and personal interviews with neighbors, friends, and others with whom I am acquainted. This may include information as to character, general reputation, or personal characteristics. Further, I release these sources from any liability resulting from providing such information.

In accordance with the Illinois Job Opportunities for Qualified Applicants Act, this application does not ask you to disclose any information about any criminal record or criminal history you may have. However, we wish to notify you that if you are selected for an interview or extended a conditional offer of employment for this position, you will be required to submit to a criminal background screening and the results of that screening will be considered in determining whether you are the most qualified applicant for the position and/or whether any criminal record or criminal history you have disqualifies you from the job and requires that a conditional offer of employment being withdrawn.

If employed, I agree to conform to the policies and procedures of the Company and acknowledge that these may be changed, interpreted, withdrawn, or amended by the Company at any time, at the Company's sole option and without any prior notice to me.

I further acknowledge that my employment, or any offer of employment, if such is made, is for no definite period regardless of the state of payment of wages or salary, may be terminated with or without cause, and with or without prior notice to me.

I acknowledge and permit that, from time to time, the Company may be required to submit certain information regarding my employment or application and release the Company, its agents, assigns and organizational units from any liability resulting from submission of such information.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate the Company.

I hereby acknowledge that I have read and fully understand the meaning and importance of the foregoing as well as the fact that no contract of employment exists between myself and the Company and further, that in the event I am employed by the Company, this employment will constitute a full and complete statement of the terms and conditions of my employment and that no contract of employment can be inferred to exist unless specifically agreed to in writing by the Company, and further, that I am aware of the consequences of affixing signature hereto.

AeroGen-TEK is an equal opportunity employer.

Applicant Signature _____ Date _____

NAME: _____ DATE: _____

VOLUNTARY EEO IDENTIFICATION

We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, citizenship, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this request for EEO Identification is to comply with federal government record-keeping and reporting requirements. Periodic reports are made to the government on the following information. The data you provide on this form will be kept confidential and used solely for statistical purposes. This information is processed separately from your employment application and is not used in the interview or selection process. Completion of this form is optional and voluntary.

Gender (Check the appropriate box below)

Male Female I elect to not self-identify

Race and Ethnicity (Check the appropriate box(es) below)

Are you Hispanic or Latino? Yes No

If you answered no to the prior question, what is your race?

White Black or African American Native Hawaiian or Other Pacific Islander
 Asian American Indian or Alaskan Native Two or more races
 I elect to not self-identify

VOLUNTARY SELF-IDENTIFICATION OF VETERAN STATUS

This employer is 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), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I AM NOT A PROTECTED VETERAN
 I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW
 Disabled Veteran Recently Separated Veteran – Dates: _____
 Armed Services Medal Veteran (VETS-100A) Other Protected Veteran (VETS-100/VETS-100A)
 I ELECT TO NOT SELF-IDENTIFY

NAME: _____ DATE: _____

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

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. To help us measure how 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.

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

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

REASONABLE ACCOMODATION 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.

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.