



Columbia Manufacturing, Inc. | 165 Route 66 East | PO Box 368 | Columbia, CT
06237-0368 Office: 860.228.2259 | Fax: 860.228.2273 | www.cmiaviation.com

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary (if salaried) or Hourly Wage if Hourly \$ _____

Position Applied for: _____

Full Time or Part? FT PT Special Skills: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____



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References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



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Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

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

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal. I hereby authorize you to investigate all statements in this application as necessary.*

Signature: _____ Date: _____

Consent to Drug Test and Release

Thank you for completing this application form and for your interest in employment with our Company. Employment may be subject to satisfactory reference checks and may require a post-offer physical examination that may include a drug and alcohol screening.

*I **understand** that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Company retains a similar right.*

*I **certify** that information contained in this application and resume is true and correct to the best of my knowledge, and I understand that falsification or materially incorrect information in this application is grounds for disqualification from further consideration, or for dismissal from employment.*

*I **authorize** the Company to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, experience, education, skills, abilities, work-related characteristics or traits, performance, credentials, or other characteristics or factors affecting my suitability for employment with the Company. I agree that the Company can conduct a comprehensive background check according to its Employment Background Policy, including the E-Verify process, as part*



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of this application process. I further understand that the Company can initiate a background check if it deems it has reason to believe that any information supplied during the application or post-employment process needs verification.

*I **understand** that I am consenting to the release of any such information about me held or known by my former (or current) employer(s), supervisors, co-workers, schools and educational institutions, professional or business associates, and friends and acquaintances an investigation of my suitability for employment may disclose.*

In recognition of the Company's legitimate business purpose in pursuing information about me as an employee or a potential employee and in exchange for consideration of my employment application, I agree not to file or bring any complaints, claims or legal actions of any kind against any organization or individual that provides work-related information about me to the Company or its agents in accordance with the terms and intent of this release. I also agree not to file or bring any complaints, claims or legal action against the Company or any of their employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

*I **hereby give my permission** for the Company to conduct a drug and alcohol screening analysis, consisting of urinalysis or other screening methods, for the purposes of obtaining employment. I understand that as part of my conditional offer of employment, an independent laboratory testing facility will conduct this drug and alcohol screening to determine whether I have in the recent past used alcohol or dangerous or unlawful drugs, which would impair my ability to work. Although I have given my permission for this drug and alcohol screening, I understand that the test results will not be used for any purpose other than determining my eligibility for initial employment. I also give my permission for my drug and alcohol screening test results to be released to the Company.*

Signature: _____

Date: _____

Driver's License Number: _____

State: _____