

DATE OF APPLICATION

POSITION APPLIED FOR

MIDDLE INITIAL

FIRST NAME

LAST NAME



ITT AEROSPACE CONTROLS

EMPLOYMENT APPLICATION

28150 Industry Drive
Valencia, CA 91355
Telephone (661) 295-4000

IMPORTANT

ITT Aerospace Controls does not discriminate in employment based on an individual's race, religion, color, age, sex, national origin, physical or mental disability, marital status, or Vietnam era veteran status. ITT Aerospace Controls will comply with its' legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Due to the nature of the Company's advanced technology products, including defense articles, which are subject to U.S. Government export controls, it is the Company's policy that all employees must be U.S. Citizens or U.S. Permanent Residents.

In addition we conduct pre-employment drug and alcohol screening.

A. PERSONAL DATA

NAME IN FULL (PRINT) _____

MAILING ADDRESS _____

NO. STREET CITY STATE ZIP CODE PHONE NO.

IF DIFFERENT
FROM ABOVE, INDICATE
PERMANENT ADDRESS _____

NO. STREET CITY STATE ZIP CODE PHONE NO.

E-MAIL ADDRESS _____

CELL PHONE NO. _____

IF HIRED CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP, OR PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES ___ NO ___.

SOCIAL SECURITY NO.**B. EDUCATION**

LIST FORMAL EDUCATION ONLY. IF PRESENTLY ATTENDING SCHOOL, INDICATE BY PUTTING WORD "PRESENT" IN COLUMN "TO" UNDER "DATES ATTENDED." INDICATE DEGREE EXPECTED.

NAME OF SCHOOL AND LOCATION	DATES ATTENDED		DEGREE ACQUIRED	MAJOR COURSE	MINOR COURSE
	FROM	TO			
HIGH SCHOOL					
VOCATIONAL OR TRADE SCHOOL					
COLLEGE					
COLLEGE					
OTHER					

ACADEMIC HONORS AND OFFICES HELD _____

C. SPECIAL JOB RELATED SKILLS AND QUALIFICATIONS

SPECIAL JOB RELATED SKILLS

HAVE YOU PUBLISHED PROFESSIONALLY? YES NOANY INVENTIONS OR PATENT DISCLOSURES?
(IF YES COMMENT BELOW) YES NO

PROFESSIONAL SOCIETIES, HONORS (EXCLUDE THOSE INDICATING RACE, RELIGION, COLOR, AGE, SEX, VETERAN STATUS, MARITAL STATUS, NATIONAL ORIGIN AND DISABILITY), LICENSES AND CERTIFICATION _____

D. EMPLOYMENT HISTORY

BEGIN WITH LAST POSITION. USING ONE BLOCK FOR EACH POSITION AND ADDITIONAL PAGES AS NECESSARY. PLEASE FILL IN FOR AT LEAST THREE EMPLOYERS OR, TEN YEARS OF EMPLOYMENT WHICHEVER INCLUDES THE MOST EMPLOYERS. GIVE ACCURATE SUMMARY OF DUTIES. CONCENTRATE ON MAJOR ASPECTS OF POSITION. INCLUDE SUCH FACTS AS NUMBER OF EMPLOYEES SUPERVISED, FINANCIAL OR BUDGETARY RESPONSIBILITIES AND MAJOR ACCOMPLISHMENTS. INCLUDE REASON FOR LEAVING. IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL PAPER. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT.

NAME AND ADDRESS OF EMPLOYER		KIND OF BUSINESS	
DATES EMPLOYED: FROM _____ TO _____	STARTING TITLE	PRESENT OR LAST TITLE	
NAME OF LAST SUPERVISOR PHONE NO. _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING SALARY \$ _____ PER _____	PRESENT OR LAST SALARY \$ _____ PER _____
<u>BRIEF DESCRIPTION OF DUTIES</u>			
REASON FOR LEAVING			

NAME AND ADDRESS OF EMPLOYER		KIND OF BUSINESS	
DATES EMPLOYED: FROM _____ TO _____	STARTING TITLE	LAST TITLE	
NAME OF LAST SUPERVISOR PHONE NO. _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING SALARY \$ _____ PER _____	PRESENT OR LAST SALARY \$ _____ PER _____
<u>BRIEF DESCRIPTION OF DUTIES</u>			
REASON FOR LEAVING			

NAME AND ADDRESS OF EMPLOYER		KIND OF BUSINESS	
DATES EMPLOYED: FROM _____ TO _____	STARTING TITLE	LAST TITLE	
NAME OF LAST SUPERVISOR PHONE NO. _____	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING SALARY \$ _____ PER _____	PRESENT OR LAST SALARY \$ _____ PER _____
<u>BRIEF DESCRIPTION OF DUTIES</u>			
REASON FOR LEAVING			

E. WORK INTEREST INFORMATION

SPECIFIC POSITION APPLIED FOR _____

EXPECTED SALARY \$ _____ PER YEAR DATE AVAILABLE _____

ANY GEOGRAPHIC AREA LIMITATIONS? _____

HOW WERE YOU REFERRED TO AEROSPACE CONTROLS? _____

HAVE YOU PREVIOUSLY MADE APPLICATION TO AEROSPACE CONTROLS?
IF YES, POSITION APPLIED FOR _____ APPLICATION DATE _____

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY ITT INDUSTRIES, INCLUDING ITT AEROSPACE CONTROLS?
IF YES, COMPANY & LOCATION _____ **EMPLOYMENT DATES** _____

DO YOU HAVE RELATIVES AND/OR FRIENDS THAT WORK FOR AEROSPACE CONTROLS?
IF YES, PLEASE LIST NAME AND RELATIONSHIP _____

F. REFERENCES (List below three persons other than former supervisors noted in your Employment History not related to you – should have knowledge of your recent work performance)

1. NAME _____	RELATIONSHIP & EMAIL _____
ADDRESS _____	TELEPHONE NO. (Work) _____ (Home) _____
2. NAME _____	RELATIONSHIP & EMAIL _____
ADDRESS _____	TELEPHONE NO. (Work) _____ (Home) _____
3. NAME _____	RELATIONSHIP & EMAIL _____
ADDRESS _____	TELEPHONE NO. (Work) _____ (Home) _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? (CONVICTIONS FOR MARIJUANA-RELATED OFFENSES THAT ARE MORE THAN TWO YEARS OLD NEED NOT BE LISTED). YES NO. IF YES, STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

I, THE UNDERSIGNED APPLICANT FOR EMPLOYMENT, ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

I understand that the accuracy and completeness of my statements will be relied upon by ITT Aerospace Controls, and that any misstatements, omissions or false statements made by me in connection with this employment application may be cause for termination of employment.

I understand that as part of Aerospace Controls' employment procedure, an inquiry may be made into the areas described in this application, or into any information provided by me in connection with this employment application.

I hereby authorize Aerospace Controls, at the time of this application and during my employment with Aerospace Controls, to conduct a background investigation that may include obtaining information about my employment history and performance, educational background, qualifications for the position, general reputation, and criminal record, if any. If the position I am considered for involves handling money or financial transactions, Aerospace Controls may request information concerning my credit worthiness, credit standing and credit capacity. If the position I am considered for involves operation of a company motor vehicle, inquiry into my driving record will be made by Aerospace Controls.

Aerospace Controls may obtain the information described above through personal interviews with third parties, from former employers, business associates, employment references and others, and by obtaining transcripts, records, or other documents. Aerospace Controls also may request a consumer report or an investigative consumer report from a consumer reporting agency, and/or from other private or government agencies selected by Aerospace Controls. I understand that if Aerospace Controls obtains a consumer report, or an investigative consumer report, that I may be entitled to a copy of such report and additional disclosures.

I hereby authorize all consumer reporting agencies, companies, educational institutions, government law enforcement agencies, military services, former employers and other persons, to release information to Aerospace Controls that they have about me, including information that relates to the areas set forth above. I hereby release all of the above persons and organizations from any liability or responsibility for doing so in compliance with applicable law, including the Fair Credit Reporting Act, as amended, and this authorization for release of information.

I understand that information obtained in the investigation may be used by Aerospace Controls, in its sole discretion, to deny or terminate my employment. I further understand that my refusal to consent to the investigation will result in no further action by Aerospace Controls on my application for employment. I hereby acknowledge receipt of the Disclosure Concerning Use of Consumer Reports for Employment Purposes.

If an employment relationship is established with Aerospace Controls, I understand that I retain the right to terminate my employment at any time and that Aerospace Controls retains a similar right. I acknowledge that statements contained in Aerospace Controls policies, practices, handbooks and other company material do not create any guarantee of employment. Any promises to the contrary will only be relied on by me if they are in writing and signed by an authorized company official.

I understand that the company has the right to modify, amend or terminate policies, practices, benefit plans and other company programs within the limits and requirements imposed by law.

I understand that as a condition of employment, I will be required to pass a drug screening test. Failure to pass the drug screening test will void any offer or potential offer of employment.

I understand I will be required to successfully complete a physical examination after a conditional offer of employment is made.

I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizenship status, or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by Aerospace Controls is contingent upon my ability to produce the required documentation within the time period required by law.

SIGNATURE _____ **DATE** _____

I. HUMAN RESOURCES USE	Req. No.:	Rate:	Work Shift:
Hired by:	Reference Check:	Dept.:	New Hire <input type="checkbox"/> Rehire <input type="checkbox"/>
Supervisor:	Pre-Employment medical:	Employment _____	
Start Date:			
Classification:			