



WGI® Inc.
 d/b/a Westfield Gage Company Overhaul and Repair®
 FAA/ Repair Station WNFR711K
 EASA/CAAC Approved
 P.O. Box 1130
 34 Hudson Drive
 Southwick, MA 01077

APPLICATION FOR EMPLOYMENT

**Please-
 Answer all questions – Resumes Are Not a Substitution for a Completed Application.
 Print Clearly**

Name: _____

Date: _____

Position Applying for: _____

This company is an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information 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.

Telephone: _____

Alternate Phone: _____

Email Address: _____

Present Address: _____
 Street, Apartment, or Unit Number

City

State

Zip

How long have you lived there ____/____ Years/Months

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

Desired type of employment: Full Time ____ Part Time ____ (Specify preferred Hours) _____

Are you willing to work overtime? Yes No

Have you previously applied for employment with this company? Yes No

If Yes, when and where did you apply? _____

Have you ever been employed by this company? Yes No

If Yes, please provide dates of employment, location, and reason for separation from employment.

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

<u>Education</u>	<u>School Name and Location</u> <u>Address, City, State</u>	<u>Course of Study</u>	<u>Graduate Yes / No</u>	<u># of years completed</u>	<u>Degree/Major</u>
<u>High School</u>					
<u>College</u>					
<u>Bus./Tech./Trade or Post College</u>					

Honors Received: _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent 10 year period. Attach additional sheets if needed. 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. **Do not answer "see resume"**.

Employer

Name: Address: Type of Business:

Telephone Dates Employed Job Title

Duties: Supervisors Name:

Reason for Leaving Yes No
May We Contact

What will this employer say was the reason your employment terminated?

How much notice did you give this employer when resigning? If none, explain.

Employer

Name: Address: Type of Business:

Telephone Dates Employed Job Title

Duties: Supervisors Name:

Reason for Leaving Yes No
May We Contact

What will this employer say was the reason your employment terminated?

How much notice did you give this employer when resigning? If none, explain.

Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many times? _____
Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times? _____
Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? _____

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

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 to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the company's intent to obtain "consumer reports".

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. Further, if hired I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing 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 employes only individual who are legally eligible to work.

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 THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACFURATE, AND COMPLETE.

DO NOT SIGN UNTL YOU HAVE READ ALL OF THE INFORMATION OBTAINED IN THE APPLICATION.

Applicant Signature _____ Date _____

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.

Parent/Legal Guardian

Witness

Date

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO BIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

Applicant Signature _____

Date _____

REFERENCES

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

NAME	POSITION	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	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN