SPACEAGE CONTROL, INC. APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE -- AN EQUAL OPPORTUNITY EMPLOYER)
When completed, return this application to:
SpaceAge Control, 38850 20th Street East, Palmdale, CA 93550 USA or
661-273-4240 (fax) or email@spaceagecontrol.com

PERSONAL INFOR	RMATION							
DATE				SOCIAL SECURITY NUMBER				
NAME (LAST, FIRST, MI	I)			DATE OF BIRTH				
PRESENT ADDRESS			CITY AND STATE OF BIRTH					
PERMANENT ADDRESS				DRIVERS LICENSE STATE OF ISSUE				
PHONE NUMBER ARE YOU 18 YEAR		S OR OLDER?		HAVE YOU EVER BEEN CONVICTED		IVICTED OF A		
A DE MOM DE EMENTED	YES NO	FELONY? YES NO EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?						
YES \(\Bar{\cup NO \(\Bar{\cup L} \)	FROM LAWFULLY BECOMING EMI	PLOYED.	IN THIS COUN	TRY BECAUSE O	F VISA OR IMMIG	RATION STATUS?		
EMPLOYMENT DI	ESIRED							
POSITION		DATE YOU CAN START		SALARY DESIRED \$				
ARE YOU EMPLOYED N	IOW?		AY WE INQUIR RESENT EMPLO					
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?		WHEN?				
REFERRED BY								
EDUCATION	NAME AND LOCATION OF SCH	HOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT	S STUDIED		
GRAMMAR SCHOOL								
HIGH SCHOOL								
COLLEGE								
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL								
GENERAL								
SUBJECTS OF SPECIAL	STUDY OR RESEARCH WORK							
SPECIAL SKILLS								
ACTIVITIES: (CIVIC, AT	HLETIC, ETC.)							
EXCLUDE ORGANIZATIONS, THE	HE NAME OF WHICH INDICATES RACE, CREEK	D, SEX, AGE,	MARITAL STATUS	S, COLOR OR NATION C	OF ORIGIN OF ITS MEME	EERS.		
MILITARY SERVICE								

FORME	R EMPLOYERS (LIST LAST THREE EMPLOYER	S BELOW, STARTING W	VITH THE LAST OF	NE FIRST.)		
DATE MONTH AND YEAR	NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	F SALARY	POSITION	REASON FOR LEAVING		
FROM						
ТО						
FROM						
ТО						
FROM						
ТО						
WHICH OF	THESE JOBS DID YOU LIKE BEST AND WHY?					
WHAT DID	YOU LIKE MOST ABOUT THIS JOB AND WHY?					
	None					
REFERE	NCES: PROVIDE THREE PERSONS NOT RELATED TO Y	OU, WHOM YOU HAVE KN	IOWN PROFESSIONA	ILLY FOR AT LEAST ONE YEAR.		
NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN		
IN CASE OF	FEMERGENCY DTIFY:					
	NAME ADDRESS PHONE					
THAT IF AN	THAT ALL THE INFORMATION SUBMITTED BY M NY FALSE INFORMATION, OMISSIONS, OR MISREP MEMPLOYED, MY EMPLOYMENT MAY BE TERMI	RESENTATIONS ARE D				
THAT MY F AT ANY TH OF MY EMI COMPANY WRITING A	ERATION OF MY EMPLOYMENT, I AGREE TO CON EMPLOYMENT AND COMPENSATION CAN BE TER ME, AT EITHER MY OR THE COMPANY'S OPTION. PLOYMENT MAY BE CHANGED, WITH OR WITHOU. I UNDERSTAND THAT NO COMPANY REPRESENTAND SIGNED BY THE PRESIDENT, HAS ANY AUTHORIZED TO THE PRESIDENT.	MINATED, WITH OR WI I ALSO UNDERSTAND JT CAUSE, AND WITH O TATIVE, OTHER THAN DRITY TO ENTER INTO	THOUT CAUSE, A AND AGREE THA OR WITHOUT NOT ITS PRESIDENT, A ANY AGREEMENT	ND WITH OR WITHOUT NOTICE, ITHE TERMS AND CONDITIONS ICE, AT ANY TIME BY THE ND THEN ONLY WHEN IN		
	ERIOD OF TIME, OR TO MAKE ANY AGREEMENT (CONTRARY TO THE FOR	KEGOING.			
INVESTIGA ACADEMIO STATE ANI CREDIT, CE	ERIOD OF TIME, OR TO MAKE ANY AGREEMENT OF THE AND DURATION OF MY EMPLOYMENTIVE BACKGROUND INQUIRES ARE TO BE MADE OF AND OTHER REPORTS. FURTHER, I UNDERSTANT OF THE AGENCIES WHICH MAINTAIN RECORDS RIMINAL, CIVIL AND OTHER EXPERIENCES. I AUT MPLOYER TO FURNISH THE ABOVE INFORMATION	NT (INCLUDING CONTR ON MYSELF THAT MA D THAT YOU MAY BE R CONCERNING MY PAS' HORIZE, WITHOUT RES	ACT FOR SERVICI Y INCLUDE CONS EQUESTING INFO F ACADEMIC, EMI	UMER, CRIMINAL, DRIVING, PRMATION FROM VARIOUS FEDERAL, PLOYMENT, DRIVING,		

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.

[] Please check here to have a copy of your consumer report sent directly to you by info quest inc.