

EQUAL OPPORTUNITY EMPLOYER

Martin Electronics, Inc

A SUBSIDIARY OF CHG GROUP, INC.



Part of the Chemring Group

APPLICATION FOR EMPLOYMENT

TYPE OR PRINT IN BLACK OR BLUE INK. ANSWER ALL QUESTIONS CAREFULLY AND FULLY. EVERY QUESTION MUST BE ANSWERED. IF THE ANSWER IS NO OR NONE, WRITE THE WORD "NO" OR "NONE". DO NOT TRY TO BE BRIEF. USE ADDITIONAL SHEETS OF PAPER IF NECESSARY. DO NOT SUPPLY INFORMATION WHICH MAY BE CONTRARY TO THE LAWS OF YOUR CITY OR STATE.

PERSONAL

Date of Application _____

Position Applied for _____

Name
FIRST MIDDLE LAST

Address
NUMBER STREET CITY STATE ZIP CODE

Telephone () Social Security #

Are you at least 18 years of age? Yes No N/A

Have you applied here before? Yes No

Have you ever been employed here before? Yes No If yes, give date _____

Do you have any relatives currently employed by MEI? Yes No

If yes, list names:

Are you employed now? Yes No

On what date would you be available for work? _____

Are you available for Full-time Part-time Shift work Temporary

Which shifts are you willing to work? Day Shift Evening Shift

Are you on lay-off & subject to recall? Yes No

If the job were to require travel, are you available? Yes No

EDUCATION

Last grade school or High School attended _____

Address _____ Zip Code _____

Highest Grade Completed _____ Date _____

Other Schools Attended (College, Military, Trade, Business, etc.):

Name & Address of School

Course

Dates Attended

Scholarships or Honors _____

List professional clubs, societies, organizations, relevant to the position for which you wish to be considered, to which you belong.

List publications you have authored or co-authored _____

MILITARY

Have you served in the U.S. Armed Forces? _____ Branch of service _____

Date Entered _____ Date Separated _____ Highest Rank Attached _____

EXPERIENCE

BEGIN WITH YOUR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS OF TIME. A RESUME MAY BE USED TO SUPPLEMENT JOB DESCRIPTION.

1) Employer _____ Telephone _____
Address _____ Zip Code _____
From _____ To _____ Starting Salary _____ Final Salary _____
month/year month/year

Name, title, and last known address of supervisor _____

Your title or position _____

Duties _____

Reason for leaving _____

2) Employer _____ Telephone _____
Address _____ Zip Code _____
From _____ To _____ Starting Salary _____ Final Salary _____
month/year month/year

Name, title, and last known address of supervisor _____

Your title or position _____

Duties _____

Reason for leaving _____

3) Employer _____ Telephone _____
Address _____ Zip Code _____
From _____ To _____ Starting Salary _____ Final Salary _____
month/year month/year

Name, title, and last known address of supervisor _____

Your title or position _____

Duties _____

Reason for leaving _____

EXPERIENCE

BEGIN WITH YOUR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS OF TIME. A RESUME MAY BE USED TO SUPPLEMENT JOB DESCRIPTION.

4) Employer _____ Telephone _____
Address _____ Zip Code _____
From _____ To _____ Starting Salary _____ Final Salary _____
month/year month/year

Name, title, and last known address of supervisor _____

Your title or position _____

Duties _____

Reason for leaving _____

5) Employer _____ Telephone _____
Address _____ Zip Code _____
From _____ To _____ Starting Salary _____ Final Salary _____
month/year month/year

Name, title, and last known address of supervisor _____

Your title or position _____

Duties _____

Reason for leaving _____

6) Employer _____ Telephone _____
Address _____ Zip Code _____
From _____ To _____ Starting Salary _____ Final Salary _____
month/year month/year

Name, title, and last known address of supervisor _____

Your title or position _____

Duties _____

Reason for leaving _____

REFERENCES

LIST FOUR OR MORE REFERENCES WE MAY CONTACT. AS MANY AS POSSIBLE SHOULD BE FORMER SUPERVISORS (OR INSTRUCTORS) WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING. GIVE COMPLETE NAMES, TELEPHONE NUMBERS AND ADDRESSES INCLUDING ZIP CODES. DO NOT LIST RELATIVES.

| NAME | ADDRESS | TELEPHONE | | OCCUPATION AND NATURE OF ASSOCIATED | YEARS KNOWN |
|------|---------|-----------|------------|--|----------------|
| | | HOME # | BUSINESS # | | |
| | | | | | |
| | | | | | |
| | | | | | |

*If possible, please give telephone numbers where references can be contacted during working hours.

For References Purposes:

Give any other names by which you have been known (alias, maiden or former legal name) _____

List any MEI personnel who know your qualifications _____

GENERAL INFORMATION

How did you learn about employment opportunities at MEI? (Specify):

| | |
|-------------------------------------|--------------------------------|
| Referred by Staff Member _____ | Advertisement: _____ |
| Referred by employment agency _____ | Advertisement in Journal _____ |
| College recruiter _____ | Other _____ |

Date available to start work: _____

Have you ever been formally disciplined, suspended, discharged or asked to resign by an employer? _____

If "Yes", give date, company, and explain: (attach supplemental sheet if necessary) _____

A disciplined, suspension or discharge does not necessarily mean you cannot be hired. The circumstances of occurrence and how long ago it (they) occurred are important. Give all facts so that a decision can be made.

1. A. Have you ever been convicted of a felony or any firearms or explosive offenses or are you currently charged with any felony, firearm or explosive offenses? Yes No

(A felony is defined as any offense punishable by imprisonment for a long term exceeding one year, but does not include any offense classified under the laws of a State as a misdemeanor which is punishable by a term of imprisonment of two years or less.)

B. During the past seven years have you been convicted, imprisoned, placed on probation or on parole for any offense not included in A above? Yes No

NOTE: When answering A or B above, you may omit: (1) Traffic fines for which you paid a fine of \$50.00 or less. (2) Any offense committed before 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law. (3) Any conviction the record of which has been expunged under Federal or State law. (4) Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

2. While in the military service, were you ever convicted by a general court-martial? Yes No

If your answer to 1A, 1B or 2 is "Yes", give details below. Show for each offense: (1) Date; (2) Charges; (3) Place; (4) Court and (5) Action Taken:

A conviction does not necessarily mean you cannot be hired. The circumstances of the occurrence and how long ago it (they) occurred are important. Give all facts so that a decision can be made.

HEALTH

Certain tasks in the company may involve lifting, working near moving equipment or machinery & handling chemical substances. If you are unsure of the applicability of the following question with respect to the position for which you are applying, feel free to discuss any questions you may have with a personnel representative of the company before completing this section of the application.

Do you know any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

Please describe any accommodation required. _____

APPLICANT'S STATEMENT

I solemnly swear (or affirm) that the information furnished above is correct and completed to the best of my knowledge and belief, and I understand that any misrepresentation or omission of fact will constitute sufficient grounds for termination of my candidacy or, if employed for immediate dismissal.

I authorize the organizations and persons named herein to furnish Martin Electronics, Inc. ("Company" or "MEI") any information. I further agree to submit to a drug test, at the company's expense at any time prior to or during the course of my employment. I understand that the Company may perform a background check, and that in some instances the background check may not be completed until after I am hired. I understand that if a background check is completed after I am hired, and the results of that background check result in my disqualification from employment, I may be dismissed from employment after such information becomes known to the Company.

I understand that, due to the security nature of MEI business, BATF (Bureau of Alcohol, Tobacco and Firearms) will screen all applicants and must approve all applicants. I also understand that, by law, MEI can only ask about convictions, but they know from past experience that BATF will likely deny approval to anyone with a criminal history of any kind, even if adjudication was withheld. I understand that rejections by BATF will be considered termination of employment for cause.

As a contractor with the Federal Government, MEI is required to comply with the Drug Free Workplace Act of 1988, which asks all employers to develop a policy to insure that the environment in which I may work is drug free. A drug test will be required as part of the hiring process.

This application is valid for only three months. If I have not been offered employment within three months of my application, I must re-apply to receive further consideration.

I understand that if offered employment, I will be required to produce documentation of my identity and my eligibility for employment in the U.S.A. as required by federal law. I understand that this application for employment does not constitute an offer of employment or a contract of employment. I understand that nothing in the oral statements or written statements during the application, interview, or if hired, during the orientation period or subsequent employment creates any contract of employment and I have not relied and will not rely to my detriment on any statement that suggests employment is for a definite period. Statements expressed throughout the pre-employment and employment periods make no promise of employment for a definite period. Employment with the Company is not by contract express or implied. I understand that my employment with the company is terminable at will at any time for any reason by either me or the company.

I have read and understand and agree to all of the above provisions.

Date

Signature

Martin Electronics, Inc.
A SUBSIDIARY OF CHG GROUP, INC.



Part of the Chemring Group

AUTHORIZATION AND RELEASE

Print Name: _____

I understand and agree that:

I hereby authorize the companies, schools and other individuals listed on my application to disclose to **Martin Electronics, Inc.** any and all information concerning my previous employment and/or any pertinent information they may have, personal or otherwise. Further, I release all parties and persons from any and all liability for any damages that may result from the use or disclosure of such information by the company of any of its agents, employees or representatives.

Applicant's Signature

Date

I hereby voluntarily consent to allow Martin Electronics, Inc. or a medical/testing facility authorized by Martin Electronics, Inc. to collect urine and/or blood specimens from me for testing for alcohol, drugs, and controlled substances. Further, I give my consent for the release of the test results to the appropriate members of the Company's management. I understand that my positive result will preclude my employment.

I am aware that the policy of Martin Electronics, Inc. forbids the use of or dealing in illegal drugs on or off duty, and that violation of the policy may be cause for discharge.

Applicant's Signature

Date

MARTIN ELECTRONICS, INC

A Member of the Chemring Group PLC

CONFIDENTIAL EEO SUPPLEMENT

Last Name

First Name

Middle Initial

Social Security Number

Instructions: The purpose of this request for information is to assure accurate data for government reporting. This information is sought not for employment decisions, but for record keeping in compliance with state and Federal laws. All information requested below will be protected as confidential. If you want assistance in completing this form, please ask your Human Resources Representative.

EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION

THIS INFORMATION IS FOR THE U.S. GOVERNMENT STATISTICAL USES AND WILL NOT BE USED TO MAKE PERSONNEL DECISIONS. THIS INFORMATION WILL NOT BE KEPT WITH YOUR PERSONNEL FILE.

1. Please indicate your gender by checking the applicable box:

Male **Female**

2. Please check the box next to your race/ethnic group:

White (Not of Hispanic origin) — All persons having origins in any of the original people of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) — All persons having origins in any of the racial groups of Africa.

Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

Asian or Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian subcontinent or Pacific Islands. This area includes: for example, China, Japan, Korea, the Philippine Islands, or Samoa.

American Indian or Alaskan Native All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Two or more races

Veteran/Disabled Invitation

Special employment notice to qualified disabled veterans, Vietnam era veterans, recently separated veterans, other protected veterans and individuals with physical or mental disabilities.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, as amended, which requires that they take affirmative action to employ and advance in employment, qualified disabled veterans, veterans of the Vietnam Era, recently separated veterans, other protected veterans; and Section 503 of the Rehabilitation Act of 1973, as amended, which required government contractors to take affirmative action to employ and advance in employment, qualified individuals with disabilities.

If you are a disabled veteran, a veteran of the Vietnam Era, a recently separated veteran, another protected veteran, or an individual with a disability; you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safer manner. This information is voluntary, will remain confidential, and will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please indicate below:

Disabled Veteran Vietnam Era Veteran Individual with a Disability
 Other Qualified Veteran None Applicable

Signature/Date