

AVIASCO INC.

Employment Application

(PRINT IN INK OR TYPE)

DATE: _____

AVIASCO INC. is an Equal Employment Opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap/disability or veteran status.

LAST NAME		FIRST			MIDDLE	
TELEPHONE NUMBER			ALTERNATE TELEPHONE (IF APPLICABLE)			
PRESENT ADDRESS	NO.	STREET	CITY	STATE	ZIP	COUNTRY
MAILING ADDRESS	NO.	STREET	CITY	STATE	ZIP	COUNTRY
SOCIAL SECURITY NO.		DRIVER'S LICENSE NO. & TYPE		STATE/COUNTRY		EXPIRES
E-MAIL ADDRESS						

PROCEDURE FOR COMPLETING APPLICATION: ANSWER ALL QUESTIONS, IF QUESTION IS NOT APPLICABLE PRINT "N/A" IN ENTRY. ALL INFORMATION GIVEN ON THIS APPLICATION WILL BE TREATED CONFIDENTIALLY.

POSITION APPLIED FOR (IN ORDER OF YOUR PREFERENCE)		MINIMUM SALARY REQUIRED	EARLIEST AVAILABLE DATE
FIRST: _____		\$ _____ PER _____	_____
SECOND: _____		ARE YOU AVAILABLE FOR A SURETY BOND?	
THIRD: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO – EXPLAIN (ATTACH SUPPLEMENT SHEET)	
TYPE: OF EMPLOYMENT DESIRED:		WILL YOU WORK ROTATING SHIFTS INCLUDING NIGHTS, WEEKENDS?	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH YOU APPLIED FOR, BUT DID NOT OBTAIN, SAFETY SENSITIVE TRANSPORTATION WORK COVERED BY DOT AGENCY DRUG AND ALCOHOL TESTING RULES DURING THE PAST TWO YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EXPLAIN: _____			
CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AWARE OF ANYTHING THAT COULD PREVENT YOU FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN AND DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: (NOTE: WE COMPLY WITH THE AMERICANS WITH DISABILITIES ACT AND CONSIDER REASONABLE ACCOMMODATION MEASURES THAT MAY BE NECESSARY FOR ELIGIBLE APPLICANTS/EMPLOYEES TO PERFORM ESSENTIAL FUNCTIONS).			
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? (OMIT CONVICTIONS OCCURRING MORE THAN TWO (2) YEARS PRIOR TO THE DATE OF THIS APPLICATION FOR MARIJUANA RELATED OFFENSES. ALSO OMIT MINOR TRAFFIC VIOLATIONS THAT DID NOT RESULT IN THE SUSPENSION OR LIMITATION OF YOUR DRIVING PRIVILEGES.) <input type="checkbox"/> YES <input type="checkbox"/> NO (ATTACH SUMMARY SHEET DESCRIBING NATURE OF THE CRIME(S). WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE(S). 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 POSITIONS) APPLIED FOR, HOWEVER, MAY BE CONSIDERED).			
LIST ALL RELATIVES EMPLOYED WITH OUR COMPANY			
NAME	RELATIONSHIP	DEPARTMENT	POSITION
HAVE YOU EVER BEEN EMPLOYED BY OUR COMPANY <input type="checkbox"/> YES <input type="checkbox"/> NO - IF YES EMPLOYED FROM _____ TO _____ POSITION DEPARTMENT IMMEDIATE SUPERVISOR			
IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF AN ASSUMED NAME, OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK AND EDUCATIONAL RECORD? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE EXPLAIN			

EMPLOYMENT SUMMARY

LIST LAST FOUR EMPLOYERS, INCLUDING SUMMER AND PART-TIME POSITIONS WHILE IN SCHOOL. ATTACH SHEET, IF NECESSARY

PRESENT OR MOST RECENT EMPLOYER		NO.	STREET	CITY	STATE	ZIP	TELEPHONE NO.
FROM	TO	STARTING SALARY		FINAL SALARY		LAST SALARY INCREASE – DATE	
(MO. & YR.)	(MO. & YR.)	\$	PER /	\$	PER /	AMOUNT:\$	PER /
LAST POSITION (TITLE)		NO. YEARS	DEPARTMENT	SUPERVISOR	TITLE	TELEPHONE NO.	
MOST IMPORTANT JOB RESPONSIBILITIES							
PREVIOUS POSITION (TITLE)		NO. YEARS	DEPARTMENT	SUPERVISOR	TITLE	TELEPHONE NO.	
MOST IMPORTANT JOB RESPONSIBILITIES							
TERMINATION-TYPES AND ALL SPECIFIC REASONS FOR LEAVING, OR THINKING OF LEAVING (IF STILL EMPLOYED)							

PRESENT OR MOST RECENT EMPLOYER		NO.	STREET	CITY	STATE	ZIP	TELEPHONE NO.
FROM	TO	STARTING SALARY		FINAL SALARY		LAST SALARY INCREASE – DATE	
(MO. & YR.)	(MO. & YR.)	\$	PER /	\$	PER /	AMOUNT:\$	PER /
LAST POSITION (TITLE)		NO. YEARS	DEPARTMENT	SUPERVISOR	TITLE	TELEPHONE NO.	
MOST IMPORTANT JOB RESPONSIBILITIES							
PREVIOUS POSITION (TITLE)		NO. YEARS	DEPARTMENT	SUPERVISOR	TITLE	TELEPHONE NO.	
MOST IMPORTANT JOB RESPONSIBILITIES							
TERMINATION-TYPES AND ALL SPECIFIC REASONS FOR LEAVING, OR THINKING OF LEAVING (IF STILL EMPLOYED)							

PRESENT OR MOST RECENT EMPLOYER		NO.	STREET	CITY	STATE	ZIP	TELEPHONE NO.
FROM	TO	STARTING SALARY		FINAL SALARY		LAST SALARY INCREASE – DATE	
(MO. & YR.)	(MO. & YR.)	\$	PER /	\$	PER /	AMOUNT:\$	PER /
LAST POSITION (TITLE)		NO. YEARS	DEPARTMENT	SUPERVISOR	TITLE	TELEPHONE NO.	
MOST IMPORTANT JOB RESPONSIBILITIES							
PREVIOUS POSITION (TITLE)		NO. YEARS	DEPARTMENT	SUPERVISOR	TITLE	TELEPHONE NO.	
MOST IMPORTANT JOB RESPONSIBILITIES							
TERMINATION-TYPES AND ALL SPECIFIC REASONS FOR LEAVING, OR THINKING OF LEAVING (IF STILL EMPLOYED)							

PRESENT OR MOST RECENT EMPLOYER		NO.	STREET	CITY	STATE	ZIP	TELEPHONE NO.
FROM	TO	STARTING SALARY		FINAL SALARY		LAST SALARY INCREASE – DATE	
(MO. & YR.)	(MO. & YR.)	\$	PER /	\$	PER /	AMOUNT:\$	PER /
LAST POSITION (TITLE)		NO. YEARS	DEPARTMENT	SUPERVISOR	TITLE	TELEPHONE NO.	
MOST IMPORTANT JOB RESPONSIBILITIES							
PREVIOUS POSITION (TITLE)		NO. YEARS	DEPARTMENT	SUPERVISOR	TITLE	TELEPHONE NO.	
MOST IMPORTANT JOB RESPONSIBILITIES							
TERMINATION-TYPES AND ALL SPECIFIC REASONS FOR LEAVING, OR THINKING OF LEAVING (IF STILL EMPLOYED)							

UNEMPLOYMENT INTERVALS (BEGIN WITH MOST RECENT)

FROM:	TO:	EXPLANATION
(MO. & YR.)	(MO. & YR.)	
FROM:	TO:	EXPLANATION
(MO. & YR.)	(MO. & YR.)	
FROM:	TO:	EXPLANATION
(MO. & YR.)	(MO. & YR.)	

EDUCATION/TRAINING

LIST ALL SCHOOLS ATTENDED	NAME AND ADDRESS OF SCHOOL	NO. YEARS ATTENDED	GRADUATED (YES OR NO)	DEGREE/DIPLOMA RECEIVED	MAJOR COURSE
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					
BUSINESS, TECHNICAL OR OTHER SCHIOOLS					

IF YOU ATTENDED COLLEGE BUT DID NOT GRADUATE, HOW MANY UNITS ARE NEEDED TO FULFILL YOUR DEGREE REQUIREMENTS?

NEED _____ ADDITIONAL UNITS FOR A _____ DEGREE IN _____

ARE YOU PRESENTLY ATTENDING SCHOOL?

NO YES - SCHOOL AND COURSES

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, EDUCATION, QUALIFICATIONS OR SKILLS REGARDING WHY YOU QUALIFY FOR THE POSITION(S) APPLIED FOR?

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS RECEIVED, OR SPECIAL ACHIEVEMENTS:

LIST LANGUAGES WHICH YOU **SPEAK** PROFICIENTLY:

LIST LANGUAGES WHICH YOU **READ** PROFICIENTLY:

UNITED STATES MILITARY RECORD (IF APPLICABLE)

BRANCH OF SERVICE	FROM: _____ TO: _____ <small>(MO. & YR.) (MO. & YR.)</small>	LAST TITLE OR SPECIALTY (MOS.)	RANK AT DISCHARGE
MOST IMPORTANT RESPONSIBILITES AND JOB ASSIGNMENTS:			
DESCRIBE ANY SPECIAL SKILLS OR ABILITIES OBTAINED AS A RESULT OF SERVICE IN THE MILITARY:			RESERVE STATUS

BIOGRAPHICAL

LIST YOUR LEISURE TIME ACTIVITIES (do not include activities the name or character of which indicate race, creed, color, national origin or disability):

PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, ASSOCIATIONS, OR PROFESSIONAL SOCIETIES TO WHICH YOU BELONG. (you may omit those organizations the name or character of which indicate race, religious, creed, color, national origin, ancestry, sex, age, or disability)

YOU MAY BE ASKED TO WORK OVERTIME FOR THIS POSITION. ARE YOU ABLE TO DO SO? YES NO

HAVE YOU ESTABLISHED ANY CAREER GOALS? PLEASE EXPLAIN:

BRIEFLY STATE WHY YOU ARE APPLYING FOR EMPLOYEMENT WITH **AVIASCO INC.**

WHAT HAVE YOU ENJOYED MOST IN THE JOBS YOU'VE HELD?

WHAT HAVE YOU DISLIKED MOST IN THE JOBS YOU'VE HELD?

OTHER INFORMATION YOU MAY DESIRE TO RELATE WHICH YOU FEEL MAKES YOU ESPECIALLY SUITED FOR WORK AT **AVIASCO INC.**?

MECHANIC/PROFESSIONAL SKILLS (IS APPLICABLE)

ARE YOU LICENSED/CERTIFIED FOR THE POSITION(S) APPLIED FOR? YES NO

NAME(S) OF LICENSE/CERTIFICATION(S):

LICENSE/CERTIFICATION NUMBER:

HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED OR SUSPENDED: YES NO

IF YES, STATE REASON(S), DATE OF REVOCATION OR SUSPENSION AND DATE OF REINSTATEMENT:

CLERICAL SKILLS (IF APPLICABLE)

TYPING _____ WPM ADDING MACHINE OTHER CLERICAL SKILLS, ABILITIES, AND EQUIPMENT OPERATED, PLEASE LIST:

COMPUTER LITERACY
PLATFORMS: PC/IBM MACINTOSH

SOFTWARE PROGRAMS, PLEASE LIST:

PILOT APPLICANTS: PLEASE COMPLETE "FLIGHT EXPERIENCE" FORM

ALL APPLICANTS: COMPLETE THE AGREEMENT BELOW

1. _____ I understand if I am accepted for employment by **AVIASCO INC.**, such employment may be subject to the completion of a Company-
(Initial) administered medical (examination and/or medical questionnaire). I further understand that if such medical examination or questionnaire discloses a medical condition which would impair my ability to perform the essential duties of the position for which I am applying with reasonable accommodation, any offer of employment will be withdrawn and employment will terminate.
2. _____ I understand that I must submit to, and pass, drug testing for all positions as a condition of employment.
(Initial)
3. _____ Any acceptance of employment or appointment shall be predicated upon the truthfulness of the statements I have made contained within this application
(Initial) and any supplements required. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. In either event, **AVIASCO INC.** will not be held accountable for such actions. I understand that if I am hired that I will provide **AVIASCO INC.** within 3 days of starting work, documents sufficient for verifying identity and authorization to work for completing an "I-9" form. I also understand that if I am hired I may be required to supply a copy of a current DMV driving record printout.
4. _____ I hereby authorize **AVIASCO INC.** to thoroughly investigate this application and any supplements, my references, work record, education and
(Initial) other matter related to my suitability for employment and, further, authorize the references I have listed to disclose to **AVIASCO INC.** any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release **AVIASCO INC.**, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. You may contact my current employer YES NO
5. _____ I understand that nothing contained in the application, or conveyed during the interview that may be granted or during my employment, if hired, is intended
(Initial) to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time with or without cause, with or without prior notice, at the option of either myself or the company. No promises or representations, such as line pilot employment contracts, contrary to the foregoing are binding on the company unless made in writing and signed by me and **AVIASCO'S** designated representative.
6. _____ I UNDERSTAND THAT MY APPLICATION FOR EMPLOYMENT WILL BE PLACED IN AN ACTIVE STATUS FOR A PERIOD OF SIX MONTHS DURING
(Initial) WHICH TIME IT WILL BE REVIEWED AS JOB OPENINGS OCCUR IN MY AREA(S) OF JOB INTEREST. I also understand that should I wish to continue to be considered for job openings beyond the six-month period, I must re-apply by submitting a new application for employment.

DATE OF SIGNATURE _____ SIGNATURE (IN INK) _____

We appreciate your interest in AVIASCO INC. and the time you have taken to prepare this application.