

# AeroSpec Employment Application



Prospective employees will receive consideration for employment without discrimination on the basis of race, religion, sex, age, national origin, disability, veteran status, or any other classification protected by federal, state, or local law.

Position applied for \_\_\_\_\_ Earnings Expected \$ \_\_\_\_\_

Last Name	First	Middle	Social Security No.	
Home Address	City	State	Zip Code	Area Code Telephone

## I. EMPLOYMENT RECORD: List your employment history, beginning with the most recent or present employer.

May we contact your current employer? YES  NO

**IMPORTANT: State full particulars of all employment. If employing company is out of business, so state. If you have been conducting your own business, give names and addresses of at least two (2) clients whom we can contact.**

**A.** Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
(Show months as well as years)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Supervisor's Name/Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you least enjoy? \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

**B.** Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
(Show months as well as years)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Supervisor's Name/Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you least enjoy? \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

**C.** Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_  
(Show months as well as years)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Supervisor's Name/Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you least enjoy? \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

**Other Positions Held:**

	<b>Other Positions Held:</b>	<b>Date (mo./yr.)</b>	<b>Compensation</b>	
	a. Company b. City	a. Your Title b. Name of Superior	a. Began b. Left	a. Initial b. Final
<b>D.</b>	a. _____ b. _____	a. ____ / ____ b. ____ / ____	a. _____ b. _____	a. _____ b. _____
<b>E.</b>	a. _____ b. _____	a. ____ / ____ b. ____ / ____	a. _____ b. _____	a. _____ b. _____
<b>F.</b>	a. _____ b. _____	a. ____ / ____ b. ____ / ____	a. _____ b. _____	a. _____ b. _____
<b>G.</b>	a. _____ b. _____	a. ____ / ____ b. ____ / ____	a. _____ b. _____	a. _____ b. _____

Indicate by letter \_\_\_\_any of the above employers you do **not** wish to have contacted.

**II. EDUCATION:** (circle highest grade completed)

**Elementary** 6 7 8      **High School** 1 2 3 4      **College** 1 2 3 4 5 6 7 8

**A. HIGH SCHOOL** Name of High School \_\_\_\_\_ Location \_\_\_\_\_

Dates attended (mo/yr) \_\_\_\_\_ If graduated, month and year \_\_\_\_\_

Grade point average \_\_\_\_\_ Class Rank \_\_\_\_\_

**B. COLLEGE/GRADUATE SCHOOL**

Name & Location	From	To	Degree	Major	GPA	Total Hrs	Extracurricular Activities,
							Honors and Awards

**III. SPECIALIZED SKILLS:**

**A. Computer Skills:** Indicate which computer programs and office equipment you are experienced in using (Y for yes, N for no)

IP Phone Systems     FAX/Scanning     Copier     Document Management Systems     Digital Camera  
 Adobe Acrobat     Microsoft Office     MS Project/Milestones     Microsoft Visio     Microsoft Access  
 Graphic Software (if so, which one) \_\_\_\_\_     Accounting Software (if so, which one) \_\_\_\_\_  
 Other Software/Hardware \_\_\_\_\_

**B. Trade Skills**

Can you read and work with blueprints?      YES    NO  
 Can you read and work with wiring Diagrams?    YES    NO  
 Do you own a set of tools?      YES    NO      Can you drive a fork lift?      YES    NO  
 Do you know how to weld?      YES    NO      Can you operate a mill?      YES    NO  
 Can you operate a lathe?      YES    NO

Please list all other equipment you are familiar with using: \_\_\_\_\_

**IV. MILITARY EXPERIENCE:**

If in service, indicate: Branch \_\_\_\_\_ Date (mo./yr.) entered \_\_\_\_\_ Date (mo./yr.) discharged \_\_\_\_\_

Nature of Duties \_\_\_\_\_

Highest rank or grade \_\_\_\_\_ Terminal rank or grade \_\_\_\_\_

**V. ACTIVITIES:**

Membership in professional or job-relevant organizations. (You may exclude racial, religious and nationality groups)  
\_\_\_\_\_

Publications, patents, inventions, professional licenses or special honors or awards. \_\_\_\_\_  
\_\_\_\_\_

**VI. OTHER:**

Earliest available start date \_\_\_\_\_

How were you referred to AeroSpec? \_\_\_\_\_ Do you have authorization to work in the U.S.? Yes  No

Type of employment desired  Full-Time  Part-Time  Temporary

Are you able to perform the essential functions of the job for which you are applying without accommodation? Yes  No

If no, please explain in detail what accommodations, if any would permit you to do so. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, sentenced to participate in a pre-trial diversion program, or pled no contest in connection with any misdemeanor or felony other than a minor traffic violation? Yes  No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Some positions require operation of a motor vehicle. Do you have your driving privileges? Yes  No   
Driver License Number \_\_\_\_\_ Driver License State \_\_\_\_\_ Driver License Expiration Date \_\_\_\_\_

**VII. PROFESSIONAL REFERENCES (List 3):**

Name	Phone Number	Professional Title	Years Known	Have you ever worked together?

**VIII. APPLICANTS STATEMENT:**

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I give the Employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_