



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

DATE	FIRST NAME	MIDDLE NAME	MAIDEN (if any)	LAST NAME

INSTRUCTIONS: The careful and thoughtful completion of this application is an important step in our consideration of individuals for career opportunities. This application is an important step in our consideration of individuals for career opportunities. This application provides information which enables us to determine if an applicant has the interests, background, and experience to be given additional consideration. In most cases, circumstance may prevent a preliminary interview. The conscientious completion of this form will supply most of the information normally covered in such a session. **Omission or falsification** of information on this application shall be sufficient cause for dismissal from or refusal of employment. Please **print** in ink or type.

POSITION APPLIED FOR	MINIMUM SALARY ACCEPTABLE	CURRENT STREET ADDRESS

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?	CITY	STATE	ZIP CODE

ARE YOU WILLING TO RELOCATE?	HOW SOON AFTER NOTICE CAN YOU REPORT TO WORK?	PHONE NO.	Additional Phone Number(s)
<input type="checkbox"/> YES <input type="checkbox"/> NO			

AVAILABLE FOR EMPLOYMENT AS CHECKED:	ARE YOU WILLING TO WORK NIGHTS/WEEKENDS/HOLIDAYS/SHIFTS?	LAST PREVIOUS ADDRESS						
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<table border="1"> <tr> <th>NIGHTS</th> <th>WEEKENDS</th> <th>HOLIDAYS</th> </tr> <tr> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table>	NIGHTS	WEEKENDS	HOLIDAYS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
NIGHTS	WEEKENDS	HOLIDAYS						
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						

HAVE YOU APPLIED PREVIOUSLY TO PIEDMONT AVIATION COMPONENT SERVICES?	IF YES, WHERE?	CITY	STATE	ZIP CODE
<input type="checkbox"/> YES <input type="checkbox"/> NO				

MONTH / YEAR	WHAT POSITION?	HAVE YOU EVER BEEN EMPLOYED BY PIEDMONT AVIATION COMPONENT SERVICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ARE YOU A U.S. CITIZEN?	IF NOT, DO YOU HAVE AN ALIEN REGISTRATION CARD?	FROM MONTH/YEAR TO MONTH/YEAR
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

WHAT LANGUAGES DO YOU SPEAK, FLUENTLY, OTHER THAN ENGLISH?	IF UNDER 21 YEARS OF AGE, PLEASE GIVE BIRTH DATE	Mo.	Day	Yr

EDUCATION RECORDED			NAME AND ADDRESS OF COLLEGES OR UNIVERSITIES ATTENDED:		DATE ATTENDED		MAJOR SUBJECT	CREDIT HOURS COMPLETED	DEGREE & DATE RECEIVED	GRADE AVERAGE	
ENTER IN THE BOX BELOW THE SECTION OF EDUCATION THAT APPLIES THE HIGHEST LEVELS OF EDUCATION YOU HAVE COMPLETED					FROM	TO					
HIGH SCHOOL	COLLEGE	BUSINESS/TECHNICAL									
10 11 12	13 14 15 16 17 18	1 2 3 4									
			NAME AND ADDRESS OF BUSINESS/TECHNICAL AND/OR MILITARY SCHOOL ATTENDED:		DATE ATTENDED		TYPE TRAINING STUDIED	CREDIT HOURS COMPLETED	DID YOU GRADUATE?	LICENSE / DIPLOMA RECEIVED	GRADE AVERAGE
IF YOU DO NOT HAVE A HIGH SCHOOL DEGREE, DO YOU HAVE AN EQUIVALENCY DIPLOMA (GED)?					FROM	TO					
<input type="checkbox"/> YES <input type="checkbox"/> No											
ISSUING AGENCY OR NAME OF HIGH SCHOOL ATTENDED:											

TOTAL WORK HISTORY SUMMARY

Beginning with your present employer, list employment history in chronological order.
 Account for all employment gaps longer than 30 days. Do NOT attach a resume' in
lieu of completing this form; however, a resume is helpful to include.

FULL NAME OF COMPANY AND CURRENT MAILING ADDRESS	EMPLOY DATE MONTH/YEAR	TERMINATE DATE MONTH/YEAR	JOB TITLES OR DUTIES SALARY PER MONTH	NAME OF SUPERVISOR AND TELEPHONE NO.	REASON FOR LEAVING Please be specific (ATTACH ADD'L. SHEETS IF NECESSARY)

ONLY COMPLETE THE SECTION PERTAINING TO THE POSITION FOR WHICH YOU ARE APPLYING.

CLERK / SECRETARY

TYPING _____ WPM DATA ENTRY SPEED _____ WPM

TYPES OF COMPUTER SOFTWARE USED _____

TYPES OF COMPUTER HARDWARE USED _____

OTHER SKILLS _____

TECHNICIAN

A & P LICENSE NUMBER _____

FCC/FIRST CLASS RADIO LICENSE NUMBER _____

TOTAL MONTHS EXPERIENCE:

LANDING GEAR OVERHAUL		ELECTRICAL		PROPELLERS	
POWER PLANT OVERHAUL		WELDING (TYPE)			

OTHER EXPERIENCE _____

CAN YOU UNDERSTAND AND WORK WITH BLUEPRINTS/CIRCUIT DIAGRAMS? _____

DO YOU HAVE YOUR OWN SET OF TOOLS YES NO

VALUES \$ \$ - _____

U.S. MILITARY RECORD

HAVE YOU EVER SERVED IN ANY OF THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING	SERIAL NO./LAST RANK HELD	TYPE OF SECURITY CLEARANCE GRANTED TO YOU
PERIOD OF SERVICE:	MONTH/YEAR	THRU	MONTH/YEAR	BRANCH OF SERVICE

OTHER INFORMATION

LIST SOCIAL OR COMMUNITY ORGANIZATIONS, ETC. (OMIT THOSE IDENTIFYING RACE, CREED, COLOR, SEX, OR NATIONAL ORIGIN.) INDICATE OFFICE HELD, CIRCLE THOSE IN WHICH YOU ARE CURRENTLY ACTIVE

LIST LEISURE ACTIVITIES, HOBBIES, EXTRA CURRICULAR ACTIVITIES, AWARDS, ETC. (OMIT THOSE IDENTIFYING RACE, CREED COLOR, SEX, OR NATIONAL ORIGIN.) INDICATE OFFICES HELD

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY CRIMINAL OR MILITARY LAW?
 (CONVICTION IS NOT AN ABSOLUTE BAR TO EMPLOYMENT) YES NO
 IF YES, GIVE DETAILS. _____

LIST ALL TRAFFIC VIOLATIONS RECEIVED IN LAST 10 YEARS, INCLUDING PERIODS OF LICENSE SUSPENSION/REVOCAION. _____

DRIVER'S LICENSE NUMBER	STATE OF ISSUE

HAVE YOU 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. Yes No

WHAT SOURCE ATTRACTED YOU TO PIEDMONT AVIATION COMPONENT SERVICES? HELP WANTED ADVERTISEMENT EMPLOYMENT AGENCY CORPORATE ADVERTISING
 COMPANY EMPLOYEE REFERRAL OTHER (Please specify) _____

GIVE NAME, POSITION, LOCATION AND RELATIONSHIP OF RELATIVES EMPLOYED AT PIEDMONT:

This application will remain active for a period of 30 days Consideration for a future opening will require the submission of an additional application.

APPLICANT: PLEASE READ & SIGN BELOW

EMPLOYER'S USE ONLY

I certify that all information given on this application is true and correct. I also certify that I have accounted for all of my work experience and training on this application.

(Work History References and New Employee Record Form must accompany hiring application)

It is my understanding that Piedmont Aviation Component Services will make a thorough investigation of my entire work and personal history, to include my driving record and any FAA licenses, and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigations and the giving and receiving of any information requested by Piedmont Aviation Component Services and I release from liability any person giving or receiving such information. ***I understand that omission or falsification of data given or any other derogatory information discovered as a result of this investigation will prevent my being hired, or if hired, will subject me to immediate dismissal.***

DEPARTMENT _____ CITY _____ STARTING DATE _____

I understand that if I am employed, such employment is for an indefinite period of time and that Piedmont Aviation Component Services can change wages, benefits and conditions at any time.

POSITION _____ SALARY _____ EEO CODE _____

I further understand that this is an application for employment and that no employment contract is being offered

DEPARTMENT MANAGER _____ SHIFT _____ STATUS _____

I understand that if I am offered employment, Piedmont Aviation Component Services will require me to produce certain documents within three business of my hire date in order to comply with the Immigration Reform and Control Act of 1986. I further understand that any offer of employment is contingent upon providing the appropriate documents.

HUMAN RESOURCES INTERVIEW DATE _____ INTERVIEWED BY _____

I have read and understand the above.
PLEASE SIGN BELOW.

DEPARTMENT INTERVIEW DATE _____ INTERVIEWED BY _____

REFERENCE CHECK (5 YEARS) _____ DRUG SCREEN _____

EXECUTIVE APPROVAL _____

SIGNATURE:

DATE: