

# Aviation Repair Resources Inc.

## Application for Employment

Aviation Repair Resources Inc. is an Equal Opportunity Employer. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't indicate "See Resume.") Applications with missing data will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you related to any current (company employee)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, list the name & their relationship to you.	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
Have you ever been convicted of a felony? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn about this employment opportunity? Check all that apply:  If you were referred by a current employee of Aviation Repair or Aviation Inventory, please list name.	Walk-in  Internet Job Posting  Ad in newspaper or magazine  Referral by employee  Other	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	

### EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College or Trade School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College or Trade School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

### REFERENCES

Please list 3 Professional References other than friends and/or relatives who can verify the quality of your work.

NAME	POSITION	COMPANY	PHONE #

**WORK EXPERIENCE**

Please detail your work history for the last 10 years or last three employers whichever is greater. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military commitments and reason for discharge.

**PLEASE DO NOT** complete this information with the notation “See Resume.”

**PLEASE NOTE:** Aviation Repair Resources Inc. reserves the right to contact all current and former employers for reference and background information.

Organization Name and Address:	Title/Position:	Dates Employed (most recent position)  From:  To:
Supervisor’s Name, Title and Phone #:  May we contact this employer?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Duties:  Reason for leaving:	
Organization Name and Address:	Title/Position:	Dates Employed:  From:  To:
Supervisor’s Name, Title, and Phone #:  May we contact this employer?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Duties:  Reason for Leaving:	
Organization Name and Address:	Title/Position:	Dates Employed:  From:  To:
Supervisor’s Name, Title, and Phone #:  May we contact this employer?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Duties:  Reason for Leaving:	

# Waivers and disclosures

**Please read each section carefully and sign where indicated**

## **Certification of Truth and Accuracy**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

## **Notification and Authorization to conduct Background Investigation**

I understand I may be subject to a background check and authorize Aviation Repair Resources Inc. and their agents to investigate, without liability, all statements contained in this application and supporting materials. I release former employers and those listed as references, educational institutions, and any others with whom you desire to check. If I am considered for a safety sensitive position, I will be required to have a negative DOT drug screen result prior to starting employment.

## **At-Will Employment**

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Aviation Repair Resources Inc. serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_