

Falcon Crest
Aviation Supply, Inc.



Falcon Crest
Accessories, Inc.

APPLICATION FOR EMPLOYMENT

Name _____

Date _____

Position Applied for _____

APPLICATION FOR EMPLOYMENT

DATE: _____ POSITION APPLIED FOR: _____

Referred by: _____ Date Available for Work: _____

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with This Company. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. This company does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status, or disability. You may request assistance in completing this application.*

PERSONAL

Name _____ Telephone Number: () _____

Street _____ Box _____ City _____ ST _____ Zip _____

Previous Address _____ Social Security Number _____

If younger than 18, state age here _____ Are you legally entitled to work in the United States? yes no

Have you ever been convicted of a felony? _____ If yes, explain: _____

Answer these for all positions requiring the use of a vehicle:

Have you ever been convicted of a moving traffic violation? yes no If yes, list all here _____

Have your driving privileges ever been revoked or suspended? yes no If yes, list all here _____

Do you have a Commercial driving license? yes no

***Compliance with I-9 requirements is mandatory, upon employment*

EDUCATION

High School (Name and Address) _____

Did you graduate? _____ If no, last grade completed _____ G.E.D. Obtained? _____ Grade Average _____

Colleges (Name and Address) _____

Colleges (Name and Address) _____

Did you graduate? _____ If no, number of hours completed _____ Grade Point Average _____ Degree _____

Major _____ Minor _____ If attending, date of graduation _____

Other Education _____

Awards, Honors, Leadership Roles: _____

MILITARY not applicable

List service in U.S. Military: From _____ to _____ Branch _____

Rank at Discharge _____ Military experience that may be applicable: _____

GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (Examples: lathe, grinder, forklift, typewriter, adding machine, computers, calculators, etc.): _____

2. Were you previously employed by this company? _____ If yes, when _____ to _____

3. Are you willing to relocate? _____ If yes, state location preferred _____

4. Salary Expected _____ hour _____ or week _____ Number of hours you are available per week? _____ No preference

5. Type of Employment sought: regular full time regular part time temporary seasonal as needed
6. Which of these times are you available: Days: yes no Nights: yes no
Weekends: yes no Holidays: yes no
7. Indicate hours you are available to work on the following days (or check Anytime, if you have no restrictions)
- | | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ | _____ to _____ |
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime |
8. Do you have any relatives currently in the employ of this company: yes no
9. Are you able and willing to perform the essential functions of the job for which you are applying; including travel, if necessary? yes no don't know
- If no, indicate reason: need different hours need different days need more training,
Other, (explain) _____

.....

EXPERIENCE

List below all present and past employment, beginning with your most recent employer

1. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Lay off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____
-
2. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Lay off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____
-
3. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Lay off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____
-
4. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Lay off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

In the following space, please describe briefly why you are applying for this position:

CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed here.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and that this application is not a contract of employment with This Company, and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either This Company or me. I understand that no representative of This Company has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of this company may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and an officer of This Company.
- V. I understand that I may be required to submit to a pre-employment, and post-employment test for fitness, honesty and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize This Company to withhold from my final pay check any monies owed to them by me.

DATE _____ SIGNATURE _____

INSTRUCTIONS TO APPLICANT: COMPLETE ONLY THE SECTION(S) MARKED

AUTHORIZATION FOR CRIMINAL RECORD CHECK

I am being considered for employment. I authorize their employer representative to conduct a criminal record check. My signature below is a request to any local, state, or federal law enforcement agency to release whatever information is requested by the employer representative.

Signature _____
PRINT NAME _____ SOCIAL SECURITY NUMBER _____
STREET/ADDRESS _____ P. O. BOX/APT. # _____
CITY _____ STATE _____ ZIP CODE _____ DATE OF BIRTH _____

AUTHORIZATION FOR FINANCIAL RECORD CHECK

I understand that as a routine part of the selection process the employer will make an inquiry of a credit bureau to determine if I have a financial disability.

Sign Here _____

AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECK

Please list below two business references who can attest to your skills, knowledge and experience, that will contribute to your success in the position for which you are applying.

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TELEPHONE() _____	TELEPHONE() _____
OCCUPATION _____	OCCUPATION _____

REFERENCE REQUEST

Date _____

I have applied to _____ for employment, and I desire that they be fully advised of my record with former employers. I, therefore respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

SIGNATURE OF APPLICANT (To be signed in ink)

Attention				
Company Name		Name		Social Security Number
Street Address		Employment Dates		Department/Supervisor
City	State	Zip Code	Last Position Held	Salary

Are employment dates correct? If not, please supply correct dates. <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ To _____		Nature of applicant's work:
Was applicant required to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was applicant safe driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were driving privileges ever suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did applicant have any vehicle accidents while in your employ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did applicant's position entail paper work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was it: <input type="checkbox"/> Complete <input type="checkbox"/> Accurate <input type="checkbox"/> Neat <input type="checkbox"/> Timely	
Did applicant have custody of: <input type="checkbox"/> Money <input type="checkbox"/> Equipment <input type="checkbox"/> Valuables	Were all properly accounted for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did applicant take proper care of equipment/tools etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was applicant absent? <input type="checkbox"/> Never or Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Repeatedly		
Reason for Separation: <input type="checkbox"/> Laid off <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Other		
Would you re-employ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, please explain

	Excellent	Good	Fair	Poor		Excellent	Good	Fair	Poor
Honesty	_____	_____	_____	_____	Personal Habits	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	Driving Skills	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	Attitude Toward	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	Company	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____					
Remarks	_____								

For _____
Name of Company

Date _____ By _____
Signature & Title

We shall appreciate your replies to the above questions. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part. A stamped, self-addressed envelope is enclosed for your convenience.

HUMAN RESOURCES DEPARTMENT



Falcon Crest Aviation Supply, Inc.

8318 BRANIFF

• HOUSTON, TEXAS 77061

• (713) 644-2290

• NATIONAL WATS 1-800-833-5422

FAX (713) 644-0356

DRUG/ALCOHOL PRE-EMPLOYMENT DISCLOSURE STATEMENT

I _____, in consideration of employment with Falcon Crest Aviation
(Name)

Supply, Inc. hereby voluntarily disclose that I:

_____ Have

_____ Have not

Tested positive for drugs and/or alcohol when seeking employment and/or while employed by a company regulated by the Department of Transportation.

Signature

Date

Witness

Date



Falcon Crest Aviation Supply, Inc.

8318 BRANIFF

• HOUSTON, TEXAS 77061

• (713) 644-2290

• NATIONAL WATS 1-800-833-5422

FAX (713) 644-0356

APPLICATION FOR EMPLOYMENT

ATTACHMENT 1

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

_____ YES

_____ NO

If yes, please explain:

If yes, what can be done to accommodate your limitations:

Signature of Applicant

Date

FALCON CREST
Aviation Supply, Inc.



FALCON CREST
Accessories, Inc.

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) I understand that consumer reports which may contain public record information may be requested from Associated Services, Inc. (ASI) These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, education, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records.

I AUTHORIZE, WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY ASSOCIATED SERVICES TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to ASI, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me which ASI has previously furnished within the two year period preceding my request.

I hereby authorize procurement of consumer report(s). If hired (or contracted) this authorization shall remain on file and shall serve as ongoing authorization for you to obtain consumer reports at any time during my employment (or contract) period.

SOCIAL SECURITY NUMBER

COUNTY OF RESIDENCE

DATE OF BIRTH

CURRENT ADDRESS

PREVIOUS ADDRESS

CITY & STATE

CITY & STATE

PRINT YOUR NAME

DRIVERS LIC# AND STATE

APPLICANTS SIGNATURE

DATE

NOTE: Date of birth will be used exclusively by ASI for identification purposes only
Fax (713) 895-8432 Phone (713) 461-7381