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: ( ) ______________
First __________________________ M.I. __________________________ Last ______________
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? ☐ yes ☐ no 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Have your driving privileges ever been revoked or suspended?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? ☐ yes ☐ no If no, last grade completed __________ G.E.D. Obtained? ☐ yes ☐ no Grade Average __________

Colleges (Name and Address) __________________________
Did you graduate? ☐ yes ☐ no If no, number of hours completed __________ Grade Point Average __________ Degree __________________________

Colleges (Name and Address) __________________________
Did you graduate? ☐ yes ☐ no 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? ☐ yes, when __________ to __________

3. Are you willing to relocate? ☐ 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 to     □ Anytime
   Tuesday to     □ Anytime
   Wednesday to  □ Anytime
   Thursday to   □ Anytime
   Friday to     □ Anytime
   Saturday to   □ Anytime
   Sunday to     □ 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 that 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 __________________________

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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)

<table>
<thead>
<tr>
<th>Attention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
</tr>
</tbody>
</table>

Are employment dates correct? If not, please supply correct dates.

☐ Yes ☐ No

From ___________ To ___________

Nature of applicant's work:

☐ Yes ☐ No

Were driving privileges ever suspended?

☐ Yes ☐ No

Was applicant required to drive?

☐ Yes ☐ No

Was applicant safe driver?

☐ Yes ☐ No

Did applicant have any vehicle accidents while in your employ?

☐ Yes ☐ No

Did applicant's position entail paper work?

☐ Yes ☐ No

If yes, was it:

☐ Complete ☐ Accurate ☐ Neat ☐ Timely

Did applicant have custody of:

☐ Money ☐ Equipment ☐ Valuables

Were all properly accounted for?

☐ Yes ☐ No

Did applicant take proper care of equipment/tools etc.?

☐ Yes ☐ No

Was applicant absent?

☐ Never or Rarely ☐ Occasionally ☐ Repeatedly

Reason for Separation:

☐ Laid off ☐ Resigned ☐ Discharged ☐ Retired ☐ Other

Would you re-employ?

☐ Yes ☐ No

If not, please explain

Honesty
Quality of Work
Cooperation
Dependability
Safety Habits
Remarks

_______ _______ _______ _______ _______
Excellent Good Fair Poor Personal Habits Excellent Good Fair Poor

_______ _______ _______ _______ _______
Driving Skills Attitude Toward
Company

_______ _______ _______ _______ _______

_______ _______ _______ _______ _______

For ____________________________ By ____________________________

Name of Company

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

(Form 1010) The MAPS Center • 1069 Starks Building • P.O. Box 6507 • Louisville, KY 40206 • (502) 589-1870 • FAX (502) 589-2207
DRUG/ALCOHOL PRE-EMPLOYMENT DISCLOSURE STATEMENT

I ___________________________, in consideration of employment with Falcon Crest Aviation 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
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 ____________
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

PREVIOUS ADDRESS

CURRENT 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