



# APPLICATION FOR EMPLOYMENT

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M. I. \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Phone number \_\_\_\_\_ Emergency Contact Person & Phone Number \_\_\_\_\_ Relation to emergency contact: \_\_\_\_\_ Email \_\_\_\_\_

Position applying to: \_\_\_\_\_  
 Full Time       Days  
 Temporary       Evening  
 Part-Time       Nights  
 Salary expected: \_\_\_\_\_

If hired, when could you start? \_\_\_\_\_ Did someone else refer you to us?  
 Yes  No By whom? \_\_\_\_\_

Have you ever worked before for a Hardesty Company?  
 Yes  No If yes, which company? \_\_\_\_\_

Do you have any relatives working for a Hardesty Company?  
 Yes  No If yes, who? \_\_\_\_\_ Relationship \_\_\_\_\_ Company/Department \_\_\_\_\_

Education	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
High School				
College				
Technical				
Other, Please Specify				

If currently employed, may we contact your employer?  Yes  No

Have you ever been convicted of a Felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list any learned skills that you feel will help you in completing the job in which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Employment History</b>		Give complete record of employment for the past five (5) years. You must account for all gaps in employment. Use additional paper if necessary. Incomplete or illegible applications will not be processed.		
Start Date	End Date	Position Held	Starting Pay	Ending Pay
Supervisor's Name:	Phone Number	Job Duties		
Company Name				
City/State		Reason for Leaving		
Start Date	End Date	Position Held	Starting Pay	Ending Pay
Supervisor's Name:	Phone Number	Job Duties		
Company Name				
City/State		Reason for Leaving		
Start Date	End Date	Position Held	Starting Pay	Ending Pay
Supervisor's Name:	Phone Number	Job Duties		
Company Name				
City/State		Reason for Leaving		
Start Date	End Date	Position Held	Starting Pay	Ending Pay
Supervisor's Name:	Phone Number	Job Duties		
Company Name				
City/State		Reason for Leaving		
<b>Personal Reference</b>		<b>Address</b>	<b>Occupation</b>	<b>Phone Number</b>

I certify the information provided on this application is true and complete to the best of my knowledge. I understand that any falsification is grounds for the United States Aviation to refuse me employment, or if employed, terminate me from employment.

Additionally, I understand that the position I am applying for may require a background check as prescribed by FAA and DOT regulation.

I hereby authorize United States Aviation to check my references of past employment and personal history. Further, I release, indemnify and hold harmless United States Aviation from and against any liability in connection with the employment screening process or for information and references requested by, and provided to subsequent employers.

Illegal use, impairment or sale of narcotics, or controlled substances (without a doctor's prescription) or alcohol on United States Aviation property is strictly prohibited. I understand that I may be required to submit to drug testing in accordance with company policy. Any violation of these standards will result in immediate termination of my employment.

I understand that employment is based solely upon qualifications and/or experience and without regard to age, race, religion, sex, national origin, and disability or veteran status.

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

\_\_\_\_\_  
Date