|   | STATES<br>TION                |          | APP                                  | PLICATIC                 | DN FC        | DR EMP                 | LOYN      | ΛΕΝΤ     | Last Name First Name M. I. |
|---|-------------------------------|----------|--------------------------------------|--------------------------|--------------|------------------------|-----------|----------|----------------------------|
| First Name  | M.I.                          |          | Last Nam                             | е                        |              |                        | Social Se | curity # |                            |
| Address   |                               |          | City                                 |                          |              |                        | State     | Zip Code |                            |
| Phone number  | Emergency Contac<br>Phone Num |          | Relatio                              | on to emergenc           | y contact:   | Email                  |           |          |                            |
| Position applying to:   | -                             | Full ٦   | porary                               | Days<br>Evenin<br>Nights | -            | Salary expe            | cted:     |          |                            |
| If hired, when could you start? Did someone else refer you to us? Ves D No By whom?                         |                               |          |                                      |                          |              |                        |           |          |                            |
| Have you ever worked before for a Hardesty Company  |                               |          | <pre>/? If yes, which company?</pre> |                          |              |                        |           |          |                            |
| Do you have any relatives working for a If yes, who<br>Hardesty Company?                                    |                               | ?        | Relationship                         |                          |              | Company/Department     |           |          |                            |
| Education   | Name and Address<br>of School |          | Course of Study Years Com            |                          | rs Completed | eted Diploma or Degree |           | Degree   |                            |
| High School   |                               |          |                                      |                          |              |                        |           |          |                            |
| College   |                               |          |                                      |                          |              |                        |           |          |                            |
| Technical<br>Other, Please Specify  |                               |          |                                      |                          |              |                        |           |          |                            |
| If currently employed, ma   | <br>www.contact.vour.c        | mployer? |                                      | □ Yes □                  | No           |                        |           |          |                            |
|   |                               | mpioyer  |                                      | $\Box$ Yes $\Box$        | No           |                        |           |          |                            |
| Have you ever been convicted of a Felony?     If Yes     No   |                               |          |                                      |                          |              |                        |           |          |                            |
| Please list any learned skills that you feel will help you in completing the job in which you are applying: |                               |          |                                      |                          |              |                        |           |          |                            |
|   |                               |          |                                      |                          |              |                        |           |          |                            |
|   |                               |          |                                      |                          |              |                        |           |          |                            |
|   |                               |          |                                      |                          |              |                        |           |          |                            |
|   |                               |          |                                      |                          |              |                        |           |          |                            |
|   |                               |          |                                      |                          |              |                        |           |          |                            |

| Employment<br>History | 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 process |                                  |              |              |  |  |
|-----------------------|--|----------------------------------|--------------|--------------|--|--|
| 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 Endir |              | Ending Pay   |  |  |
| Supervisor's Name:    | Phone Number   | Job Duties                       |              | L            |  |  |
| Company Name          | 1  |                                  |              |              |  |  |
| City/State            |  | Reason for Leaving               |              |              |  |  |
| Personal Reference    |  | Address                          | Occupation   | Phone Number |  |  |
|                       |  |                                  |              |              |  |  |
|                       |  |                                  |              |              |  |  |
|                       |  |                                  |              |              |  |  |

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.

| Company:            | United States Aviation   |
|---------------------|--|
| Title:              | Line Service Technician  |
| Reports To:         | Line Service Manager   |
| Location:           | 4141 North Memorial Drive Tulsa, OK – Tulsa International Airport                |
| Employment Type:    | Full-time/Non-Exempt Salary: \$12.00 to \$14.00/hour                             |
| Full-Time Benefits: | Medical Insurance, Dental Insurance, and Vision Insurance offered after 30 days. |
|                     | Group Life Insurance, Two Week Vacation after one year employment, 401(k)        |
|                     | plan with employer contribution after 6 months of continuous employment.         |

## Job Description:

The Line Service Technician is a customer service position responsible for supporting all ground operations for inbound and outbound aircraft, flight crews, and passengers. Line Service Technicians require the following skills: sound decision-maker, the ability to follow company procedures, flexibility in a dynamic working environment, and strong professional interpersonal skills. Line Service Technicians work with fuels and other flammable and hazardous materials. With safety as a core company value, adherence to established procedures must be followed. The airport area is a high noise environment so use of proper protection equipment is required. Operating vehicles and moving aircraft in close proximity of people, buildings and other aircraft require extreme caution. Procedures must be followed for your personal safety, the safety of others and protection of company and customer property. Basic Duties:

- Fueling
- Marshalling
- Towing of Aircraft and ground equipment.
- Basic maintenance of United States Aviation equipment and facilities.
- Load and unload baggage.
- Make rental car, hotel reservations, facilitate catering orders, and other concierge services as required for high-level customer service experiences.
- Must be comfortable with working outdoors, day, night, and in all weather conditions.
- Successfully complete FAA registration including background check and drug screening.
- Weekly schedule to include days, nights, and weekends.
- Other duties as assigned.

## **Preferred Skills:**

- Professional communication skills and customer service experience.
- Ability to drive standard and automatic vehicles including 10 Ton Truck (CDL not required)
- Aircraft Fueling Experience
- Aviation Industry Experience
- •

## Education:

• High School Degree, or equivalent.

At United States Aviation, our entire staff is committed to safe and efficient aviation operations. Since 1987, we have cultivated a team of dedicated individuals that collaborate to provide professional aviation experiences for our customers. Learn more about us at <u>www.unitedstatesaviation.com</u>. We are an Equal Opportunity Employer. Download employment application <u>here</u>, or please contact Connor Hardesty at <u>connor@hardestyco.com</u>.