



Application for Employment with Aviation Exteriors Louisiana, Inc.

Aviation Exteriors Louisiana, Inc. (Avex) is an Equal Opportunity Employer

Avex does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, veteran status, or any other criteria made unlawful under application state and federal law. This application is intended for use in evaluating your qualifications for employment. This application is not an employment contract, nor an offer for employment.

**INSTRUCTIONS : To be considered for employment, you MUST answer all questions and sign the application (last page).
IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION PLEASE ASK.**

PERSONAL DATA

Name: _____ Today's Date: _____

Social Security No. _____ Are you at least 18 years old? Yes No

Mailing Address: _____
Street or Post Office Box City State Zip Code

Residing at _____
(If different than mailing) Street City State Zip Code

Phone No: Cell # _____ Does your cell phone have voice mail? Yes No
Home # _____ Do we have permission to text your cell phone? Yes No
Does your home # have an answering machine? Yes No

Alternate Phone # _____ Relation of alternate phone # _____

Email Address: _____

EMPLOYMENT OBJECTIVE

Position applying for: _____ If hired, when are you available for work? _____

How did you hear about this job? _____
Name of Family, Friend or Employee?

Newspaper Ad _____ FaceBook
Name of Newspaper

Online _____ Other _____
What online site did you reference for this job? How did you hear about this job opening?

Are you legally eligible to work in the USA? Yes No

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

Describe any experience you have relating to this position? _____

For Office Use Only

Application received by: _____ Time/Date: _____
Avex Employee Signature

Applicant qualifies for Interview? Yes No _____
Received by HR Date

PLEASE PRINT

PREVIOUS EXPERIENCE/TRAINING

Do you have a High School Diploma or GED? Yes No Special Courses: _____

We recognize ACT® WorkKeys National Career Readiness Certificate, if you have tested please complete:

ACT® WorkKeys National Career Readiness Certificate Level: _____ Registration No.: _____

Have you attended College, Technical, or Vocational School? Yes No If yes, did you graduate? Yes No

Major/Special Courses, Certifications or Trades? _____

Are you attending school now? Yes No If yes, what is your schedule? _____

A & P Certificate No. _____ Special Skills: _____

Have you received training/can you operate the following equipment? Forklift Pneumatic Sander Paint Sprayer

Other machinery & equipment you can operate or have received training: _____

EMPLOYMENT INFORMATION

Have you ever filed an *application* with Avex? Yes No If yes, when? _____

Have you ever been *employed* with Avex? Yes No If yes, when? _____

Reason for leaving: _____

What type of work are you looking for? Permanent Full-Time Part-Time

Are you able to work nights, different shifts, various days and overtime? Yes No If no, please explain: _____

WORK HISTORY

Have you ever had disciplinary action taken against you during previous employments? Yes No

If yes, please explain: _____

Have you ever been dismissed from a job or have been asked to resign from a job because of violating company policies or unsatisfactory job performance? Yes No If yes, please explain: _____

Have you ever received an award for a job well done during previous employments? Yes No If yes, please explain further: _____

OTHER

Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES NO

NOTE: Answering "Yes" to this question is not an automatic bar to employment. Factors such as how this conviction would relate to the position, as well as age and time of occurrence, the seriousness and nature of the circumstances will be considered.

If yes, please provide date(s), location(s) and disposition(s): _____

IMPORTANT EMPLOYMENT INFORMATION

**** PLEASE READ CAREFULLY BEFORE SIGNING ****

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment and should an offer of employment be extended by Avex, that such employment with Avex is 'at will' for no specified duration and may be terminated by either Avex or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Avex or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with Avex, if employed, I agree to conform to the rules, regulations, policies and procedures of Avex at all times and understand that such compliance is a condition of employment.

I understand that if offered a position with Avex, I will be required to submit to a pre-employment drug screen, pulmonary fit test, audiogram and reference/background check as a condition of employment. I understand that unsatisfactory results from any of these tests or refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of the employment offer or I will be terminated if employment has already been initiated. **I further understand that employment with Avex is contingent on a negative DOT drug screen result and the ability to meet the requirements of the position for which I am hired.**

I understand that Avex has an established drug testing program which is in compliance with FAR Part 120, and DOT 49 CFR Part 40. All employees are subject to a pre-employment drug, post-accident drug screen, just cause drug screen and random drug screen. The five (5) drugs covered under this drug screen is marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines, unless the drug is being taken as authorized by a legal prescription.

In accordance with LA. R.S. 23:897K, I understand that it is Avex's right to seek reimbursement from an employee, provided the employee is compensated at a rate equivalent to not less than \$1 above the existing federal minimum wage, or is not a part time or seasonal employee (as defined in R.S. 23:1021), for the costs of pre-employment medical and/or drug tests if the employee voluntarily terminates the employment relationship within 90 days of the first day of employment.

I hereby give Avex the right to investigate all references and to secure additional information about me, as it relates to employment. I hereby release Avex and its representatives from liability for seeking such information and all other persons, corporations, or organizations for furnishing such information.

This application is current for 45 days. At the conclusion of 45 days, if I have not heard from Avex and still wish to be considered for employment I must submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

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Applicant's Signature

Today's Date

YOU MUST SIGN THIS APPLICATION TO BE CONSIDERED FOR EMPLOYMENT



AUTHORIZATION FOR PRE-EMPLOYMENT VERIFICATION

SECTION I : TO BE COMPLETED BY APPLICANT

It is my understanding that Aviation Exteriors Louisiana, Inc. will make a thorough investigation of my entire work history and may verify all data given in my application for employment. I authorize such investigation and release of any information requested by Aviation Exteriors Louisiana, Inc. and release from liability any person releasing such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation will prevent my being hired, or if hired will subject me to immediate dismissal.

I have read and understand the above information.

Applicant Name: _____ **Social Security #:** _____
PRINT FULL NAME PRINT SOCIAL SECURITY NUMBER

Applicant's Signature: _____ **Date:** _____
SIGNATURE DATE

****STOP****

APPLICANT COMPLETES ONLY TOP SECTION!

SECTION II: TO BE COMPLETED BY APPLICANT'S PREVIOUS EMPLOYER

Attention: Human Resource Department **Today's Date:** _____

Employer Name: _____ **Phone #** _____ **Fax #** _____

Address: _____
STREET CITY STATE ZIP CODE

The above individual has completed an application for employment with Aviation Exteriors Louisiana, Inc. and has given your name as a previous employer. In order to complete a F.A.A. required background check, please verify the follow information:

	Information provided by applicant	Is the information correct?	If the information is NOT correct, please provide the correct information. Thank you.
Position/Title		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Employment Dates	From ___ / ___ to ___ / ___ <small>MM YY MM YY</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	From ___ / ___ to ___ / ___ <small>MM YY MM YY</small>
Rate of Pay	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
Reason for Leaving		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the above individual eligible for rehire?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Additional Comments: _____

Name of person completing the above information: _____
PRINT NAME/TITLE PHONE # DATE

Please return completed form by one of these three methods:

US Postal Mail:
Aviation Exteriors Louisiana, Inc.
ATTN: Human Resource Department
1218 Hangar Drive, New Iberia, LA 70560

By Fax:
(337) 365-6663
Via Email:
HR@avexmro.com

For Office Use Only – Transmission Information

Name of Transmitter: _____ Time: _____ Date: _____



CONSENT FOR RELEASE OF ALCOHOL & DRUG TESTING DATA

APPLICANT FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

SECTION I: FOR PREVIOUS SAFETY SENSITIVE WORK EXPERIENCE

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section II*, to Aviation Exteriors Louisiana, Inc. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

SIGNATURE: _____ DATE: _____

FOR NO PREVIOUS SAFETY SENSITIVE WORK EXPERIENCE OR ONLY SAFETY SENSITIVE WORK EXPERIENCE IS FROM U.S. ARMED FORCES

I hereby certify that I have never held a safety sensitive position under DOT/FAA regulations, or that my only work experience in a safety sensitive position is from the United States Armed Forces.

SIGNATURE: _____ DATE: _____

SECTION II: THIS SECTION IS TO BE COMPLETED BY THE PREVIOUS EMPLOYER AND TRANSMITTED BY EMAIL, MAIL OR FAX TO THE NEW EMPLOYER.

Previous Employer		Contact Name	
Phone Number		Email	
Address			

While employed:

1. Did the employee have alcohol tests with a result of 0.04 or higher? ___ Yes ___ No
2. Did the employee have verified positive drug screen? ___ Yes ___ No
3. Did the employee refuse to be tested? ___ Yes ___ No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? ___ Yes ___ No
5. Did a previous employer or the employee report a drug and alcohol rule violation to you? ___ Yes ___ No
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? ___ Yes ___ No ___ NA

NOTE: If you answered "yes" to any of the above items, you must provide the records concerning the result, violation and/or return-to-duty documentation (e.g. SAP report(s), follow-up testing results, etc.)

Name of Person Providing Information	
Title of Person Providing Information	
Phone Number	
Signature:	Date:

Invitation to Self-Identify

Name: _____ Date: _____

Position: _____

Aviation Exteriors Louisiana, Inc. is a Federal contractor and an **Equal Opportunity Employer**. (Abbr. Name) is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment protected veterans. In order to comply with these laws, (Abbr. Name) invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. (Abbr. Name) does not discriminate on the basis of race, religion, color, sex, sexual orientation, gender identity, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Check one of the following:

Male Female I choose not to self-identify

Check one of the following race/ethnic groups defined on the following page:

Hispanic or Latino
 White (Not Hispanic or Latino)
 Black or African American (Not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 Asian (Not Hispanic or Latino)
 American Indian or Alaska Native (Not Hispanic or Latino)
 Two or More Races (Not Hispanic or Latino)
 I choose not to self-identify

Check one of the following:

I identify as one or more of the classifications of protected veterans as defined on the following page
 I am not a protected veteran.
 I choose not to self-identify

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Ethnicity and Race Definitions

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** – A person who identifies with more than one of the above five races.

Protected Veteran Definitions

- **Disabled Veteran** - one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
 - a person who was discharged or released from active duty because of a service-connected disability.
- **Recently Separated Veteran** - any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- **Active Duty Wartime or Campaign Badge Veteran** - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed forces service medal veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.