# Application for Employment

**Aviation Exteriors Louisiana, LLC (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.

--Please print clearly when completing your employment application--

Full Name: _____

Social Security Number: _____ Preferred Language:_____

Mailing Address:_____

Best Contact Number: _____ Does your cell phone have Voicemail? ☐ Yes ☐ No

Email Address:_____

## Employment History

Please list your MOST RECENT work history first.

Name of Employer: _____

City & State: _____ Phone Number: _____

Dates of Employment: From: _____ To: _____

Job Title: _____ Reason for Leaving: _____

Responsibilites & Achievements:

Name of Employer: _____

City & State: _____ Phone Number: _____

Dates of Employment: From: _____ To: _____

Job Title: _____ Reason for Leaving: _____

Responsibilites & Achievements:

Name of Employer: _____

City & State: _____ Phone Number: _____

Dates of Employment: From: _____ To: _____

Job Title: _____ Reason for Leaving: _____

Responsibilites & Achievements:

## EMPLOYMENT OBJECTIVE

If there is a period of time that you were not employed, please explain why.

What specific position are you applying for?_____

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

How did you hear about our company?_____

Are you at least 18 years of age? ☐ Yes ☐ No

Can you provide confirmation of your legal ability to work within the USA? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

## Education | Training | Certifications

Relevant Skills: *(list any technical, soft, or job-specific skills, machinary & equipment training)*

Do you have a High School Diploma or GED? ☐ Yes ☐ No

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

## IMPORTANT EMPLOYMENT INFORMATION

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 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.

This application is current for 30 days. At the conclusion of 30 days, if I have not heard from Avex and still wish to be considered for employment I must submit a new application.

I UNDERSTAND that I will receive a background check and if there is any information I should provide prior to the result, I will disclose Human Resources.

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

Applicant Signature: _____ Date: _____

Received By: _____ Date: _____ HR Received: _____