

S T A M B A U G H



A V I A T I O N

### Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical conditions or handicap, or any other legally protected status.

Position applied for:

Date:

How did you learn about SA ?  Advertisement  Friend  Employment Agency  Walk In

Relative  Other:

Last Name:

First Name:

Address:

City:

State:

Zip:

Phone:

Email:

SSN:

If you are under 18, can you provide the required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, please give the date: \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, please give the date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this Country due to immigration or Visa status? (Proof of citizenship will be required upon employment)  Yes  No

Are you currently on lay-off status and subject to recall?  Yes  No

Can you travel should the job require it?  Yes  No

Have you been convicted of a felony within the last several years?  
(Conviction will not necessarily disqualify an applicant for employment)  Yes  No

If Yes, please explain:


### Employment Experience

<b>Employer:</b>		<b>From:</b>		<b>To:</b>	
<b>Address:</b>		<b>City:</b>		<b>State:</b>	
<b>Rate/Salary:</b>		<b>Starting:\$</b>		<b>Final:\$</b>	
<b>Supervisor:</b>		<b>Job Title:</b>		<b>Reason for leaving:</b>	

**Duties performed:**

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<b>Employer:</b>		<b>From:</b>		<b>To:</b>	
<b>Address:</b>		<b>City:</b>		<b>State:</b>	
<b>Rate/Salary:</b>		<b>Starting:\$</b>		<b>Final:\$</b>	
<b>Supervisor:</b>		<b>Job Title:</b>		<b>Reason for leaving:</b>	

**Duties performed:**

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<b>Employer:</b>		<b>From:</b>		<b>To:</b>	
<b>Address:</b>		<b>City:</b>		<b>State:</b>	
<b>Rate/Salary:</b>		<b>Starting:\$</b>		<b>Final:\$</b>	
<b>Supervisor:</b>		<b>Job Title:</b>		<b>Reason for leaving:</b>	

**Duties performed:**

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### Education

	Elementary	High School	College/University	Graduate/Prof/Tech
<b>School Name &amp; Location:</b>				
<b>Years Completed:</b>				
<b>Diploma/Degree Earned:</b>				
<b>Course of Study:</b>				

Please indicate any foreign languages you speak, read, or write & your ability to do so

	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**Military Service/Training**

Have you had any job related training in the United States Military?     Yes     No

<b>If Yes, please explain:</b>	<b>Branch:</b>		
<b>Type of discharge:</b>		<b>Discharge Rank:</b>	
<b>Duties:</b>			
<b>Training:</b>			

**Civilian Certification/Training**

**Please indicate FAA licenses held:**

**Indicate any formal class training :**

Aircraft Type	40 Hour Program	20 Hour Program	Certificate Received	
	[   ]	[   ]	Yes [   ]	No [   ]
	[   ]	[   ]	Yes [   ]	No [   ]
	[   ]	[   ]	Yes [   ]	No [   ]
	[   ]	[   ]	Yes [   ]	No [   ]
	[   ]	[   ]	Yes [   ]	No [   ]

Do you have copies of these certificates and others you received?	Yes [   ]	No [   ]
Do you have a copy of your on the job training file from your previous employer?	Yes [   ]	No [   ]
Are you physically or otherwise unable to perform the job you are applying for?	Yes [   ]	No [   ]

**Special Skills Or Qualifications**  
Please summarize special job-related skills & qualifications you have acquired

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**References**

Give name, address, phone number of three references who are not related to you or previous employers

- 1
- 2
- 3

**Applicant's Statement**

I hereby certify and attest that the answers and information herein stated are true, accurate, and complete to the best of my knowledge.

I further authorize investigation by Stambaugh Aviation or their designated agent or representative, to investigate any and all statements or information in this application, as may be necessary, to arrive at an employment decision.

I acknowledge that SA is a Drug Free Workplace, as mandated by FAA & DOT Regulations, and that no employment offer is final until such time as I pass a drug screening as set forth and required by the FAA/DOT and failure of any screening will be at my sole responsibility and expense. In the event of failure, I will reimburse SA for all costs associated with, but not limited to, such testing (i.e. in processing etc.) I further acknowledge that should I feel a positive test result is in error, I may resubmit for testing at my own expense, once all costs have been reimbursed.

I understand that application of employment shall be considered active for a period of 6 months. In the event I desire to be considered for employment beyond this period, it will be necessary to inquire as to whether or not applications are being accepted at this time.

I further understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "AT WILL" nature, which means that any employee may resign at any time and SA may discharge any employee, at any time, with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct, unless specifically acknowledged in writing by Stambaugh Aviation.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand that I am required to abide by all rules and regulations of Stambaugh Aviation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Personnel Department use only**

Arrange Interview: [ ] Yes [ ] No

Remarks: \_\_\_\_\_

Employed: [ ] Yes [ ] No Date of employment: \_\_\_\_\_ Rate: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Administration	[ ]	By: _____	
Procurement	[ ]		
Quality Control	[ ]		
Sheet metal	[ ]		
Avionics	[ ]		Title: _____
A/C Mechanic	[ ]		
NDT	[ ]		Date: _____
General	[ ]		