



AT-WILL EMPLOYMENT APPLICATION

We consider applicants for all positions without discrimination based on race color, religion, creed, gender, national origin, age, martial or veteran status, disability, and/or any other legally protected statues. If you require accommodation to complete the application, testing, or interview process, please contact the General Manager for assistance.

PERSONAL INFORMATION

TODAY'S DATE: _____

NAME: _____ S.S. # _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

HOW LONG AT PRESENT ADDRESS?: _____

PHONE #: CELL _____ HOME _____ WORK _____
Preferred phone number: Cell Home Work

EMAIL ADDRESS: _____

HOW DID YOU LEARN ABOUT US? (PLEASE CIRCLE ONE)

ADVERTISEMENT WALK-IN EMPLOYMENT AGENCY RELATIVE FRIEND CBC FACEBOOK OTHER _____

EMPLOYMENT INFORMATION

POSTION APPLIED FOR: _____ DATE YOU CAN START: _____

AVAILABILITY: FULL-TIME PART-TIME OVER-TIME WEEKENDS EVENINGS

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? No Yes WHEN? _____

EMPLOYMENT HISTORY

IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK?

YES NO N/A

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES NO

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS REQUIRED UPON EMPLOYMENT.

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL?

YES NO

HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED FROM A JOB?

YES NO

IF YES, PLEASE EXPLAIN

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST 10 YEARS? CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. IF YES, PLEASE EXPLAIN:

YES NO

ARE YOU CURRENTLY BOUND BY A NONCOMPETITION AGREEMENT? IF YES, PLEASE EXPLAIN

YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES NO

(MOST RECENT FIRST)

CURRENT/FORMER EMPLOYERS

DATE (Month & Year)	NAME & PHONE # OF EMPLOYER	LAST POSITION HELD	REASON FOR LEAVING
From: To:			
From: To:			

CURRENT/FORMER EMPLOYERS cont'd

DATE (Month & Year)	NAME & PHONE # OF EMPLOYER	LAST POSITION HELD	REASON FOR LEAVING
From: To:			
From: To:			

REFERENCES

GIVE THE NAMES OF THREE PROFESSIONAL REFERENCES NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST TWO YEARS.

Name	City, State	Business	Phone #	Years Known

EDUCATION

School ↓	Name and Location of School	Course of Study	Circle Last Year Completed	Did you Graduate ?	List Diploma or Degree
High			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Other (Specify)			1 2 3 4	Yes No	

ARE YOU PLANNING TO PURSUE FURTHER STUDIES?

- NO
- YES ONLINE SCHOOL DAY SCHOOL NIGHT SCHOOL

IF SO, WHEN, WHERE AND WHAT COURSE(S)? _____

JOB-RELATED SKILLS

1. Do you have a valid driver's license? YES NO
Driver's License Number: _____ State: _____
2. Have you been convicted of or pled guilty to any traffic-related offense within the past five (5) years?
3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?
4. Please list all states from which you hold or have held a driver's license: _____

SPECIAL SKILLS TRAINING

PLEASE PROVIDE ANY ADDITIONAL INFORMATION SUCH AS SPECIAL SKILLS, TRAINING, MANAGEMENT EXPERIENCE, EQUIPMENT OPERATION OR QUALIFICATIONS YOU FEEL WILL BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

PRE-EMPLOYMENT DRUG TESTING

BERGSTROM AIRCRAFT, INC. HAS AN ANTI-DRUG AND ALCOHOL PLAN IN PLACE AS REQUIRED BY FAA/ DOT POLICIES. WE PERFORM PRE-EMPLOYMENT DRUG TESTING FOR SAFETY-SENSITIVE POSITIONS. BERGSTROM AIRCRAFT, INC. ALSO PERFORMS RANDOM DRUG AND ALCOHOL TESTING ON ALL SAFETY-SENSITIVE POSITIONS.

The five types of drugs tested for are:

- Marijuana metabolites (THC)
- Cocaine metabolites
- Amphetamines (including methamphetamine, MDMA, MDA)
- Opioids (including codeine, heroin, morphine, oxycodone, oxymorphone, hydrocodone, hydromorphone)
- Phencyclidine (PCP)



APPLICANT'S CERTIFICATION AGREEMENT

Please read the following statement carefully before signing to indicate your understanding

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is **AT-WILL**. **THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT AT ANY TIME AND FOR ANY OR NO REASON.**

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

Signature

Date

APPLICANT INFORMATION RELEASE

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Bergstrom Aircraft, Inc., any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Print Name: _____

Date: _____