

APPLICATION FOR EMPLOYMENT WITH AIR DALLAS INSTRUMENTS, INC.

811 OFFICE PARK CIRCLE * LEWISVILLE, TEXAS 75057 * 972-221-7414 * FAX 972-436-8114
(PRE-EMPLOYMENT QUESTIONNAIRE) * (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Date: _____

NAME				
LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT)				
STREET		CITY	STATE	ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, verification will be required.)				

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED \$
ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY: _____		

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	IF NO YEARS ATTENDED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				
OTHER				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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THE FAA REQUIRE PEOPLE WORKING IN THE SERVICE DEPARTMENT TO TAKE A DRUG TEST PRIOR TO WORKING AT AIR DALLAS INSTRUMENTS, INC. AND ARE REQUIRED TO TAKE RANDOM DRUG TESTING DURING THE TIME OF EMPLOYMENT AT AIR DALLAS INST.
ARE YOU AGREEABLE TO TAKE THE DRUG TEST? YES NO

SIGNATURE _____	TODAY'S DATE _____
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The age discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

(CONTINUED ON NEXT PAGE)

FORMER EMPLOYERS (LIST BELOW THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR FROM	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER	BUSINESS/RELATIONSHIP	YEARS ACQUAINTED
1)			
2)			
3)			

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

" 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 SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INSTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE. "

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS

ABILITY

HIRED YES NO

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1)

2)

3)

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER