

Aero – Parts Connections, Inc. Application for Employment

Applicants are considered for all positions without regard to race, color, religious, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. Aero – Parts Connections, Inc. is an Equal Opportunity Employer.

Date of Application: _____		Position Applying For: _____		
Name: _____				
Last	First	Middle		
Address: _____				
Street No.	Street Name	City	State	Zip Code
Telephone #: (Cell) (_____) _____		(Home) (_____) _____		
Social Security #: _____ _____ _____				

Referral Source: _____ Newspaper Advertisement _____ Friend _____ Relative		
_____ Walk-in	_____ Employment Agency	Other: _____
Have you ever applied for employment at this location before? _____ Yes _____ No If Yes, give date: _____		
Have you ever been employed here before? _____ Yes _____ No If Yes, give date: _____		
Are you presently employed? _____ Yes _____ No		
Salary Desired: \$ _____ Per Hour _____ Per Week _____ (Check one that represents your desired salary)		
May we contact your present employer? _____ Yes _____ No		
On what date would you be available for work? _____		
Are you applying for: _____ Full Time Work _____ Part-Time Work _____ Temporary Work		
Are you on a lay-off and subject to recall? _____ Yes _____ No		
Can you travel if a job requires it? _____ Yes _____ No		
Are you willing and able to take a "pre-employment" drug screening test? _____ Yes _____ No		
Are you willing and able to take a "pre-employment" physical examination? _____ Yes _____ No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ Yes _____ No (<i>Proof of citizenship or immigration status will be Required upon employment.</i>)		
Have you ever been convicted of a felony? _____ Yes _____ No (<i>Conviction will not necessarily disqualify applicant from employment.</i>)		
If Yes, Please explain: _____		

Employment History

Start with your present or last job. Include military service assignments and volunteer activities.

Date Month and Year	Name & Address of Employer	Salary	Position	Reason For Leaving
From: To:				
From: To:				
From: To:				

If you need additional space, please continue on a separate sheet of paper.

Educational Background

High School Attended Name/City/State	Start Date	End Date	Major(s)	Degree(s)
College School Attended Name/City/State	Start Date	End Date	Major(s)	Degree(s)
College/Trade School Attended Name/City/State	Start Date	End Date	Major(s)	Degree(s)

Special Skills and Qualifications:

References: Provide the name, address and telephone number of three (3) references who are not related to you and are not previous employers:

May we contact the above identified references? ____ Yes ____ No

I hereby certify that all the information provided within this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application will be withdrawn from employment consideration and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

Signed: _____ Print Name: _____

Date: _____