

MCFARLANE AVIATION, INC.
APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Return this form to:
696 E 1700 RD
Baldwin City, KS 66006

Instructions: If you need help to fill out this form or for any phase of the employment process, please notify the person that gave you this form.

Date _____

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Alternate Phone (_____) _____

Email:

Social Security Number
(if submitting by email do not include)

APPLICANT NOTE: This application form is intended for use in assisting us in evaluating your qualifications for employment. This is not an employment contract; employment is at will. Please print all answers and answer all questions truthfully and completely. Any person found to have intentionally misrepresented or omitted any material fact herein, will automatically be disqualified from further consideration for employment. All qualified applicants will receive consideration for employment without discrimination based on age, sex, national origin or any other protected classification. A prior felony conviction will not automatically disqualify you from employment. Only felonies relevant to the position applied for need to be listed.

Additional testing of skills directly related to essential job functions and testing for the presence of drugs or alcohol in your body may be required prior to employment.

Are you prevented from lawfully being employed in this country because of your visa or immigration status? ____ Yes ____ No

I attest, under penalty of perjury, that I am (check one):

- ____ 1. A citizen or national of the United States
____ 2. An alien lawfully admitted for permanent resident (Alien Number) A
____ 3. An alien authorized by the immigration and naturalization service to work in the United States (Alien Number) A

Have you applied here before? ____ Yes ____ No If so, what position and when?

For which position are you applying? _____ Salary desired?

How did you hear about this position?

What would you prefer? ____ Full-time ____ Part-time When can you start?

For which schedules are you available? ____ Weekdays ____ Saturdays ____ Overtime ____ 2nd Shift

Have you used any names or Social Security Numbers other than those you have listed?

If yes, please list

Have you had your driver's license or privileges revoked or suspended in the past 5 years?

Have you had any auto insurance refuse or cancel coverage in the past 5 years?

Have you ever been convicted of a felony?

If so, please describe below. Listing the incident, city/state it occurred and the charge.

EDUCATION

	High School	College/University/Technical	Graduate/Professional
High School Name Location			
Years Completed or Credit Hours Completed		or hrs	or hrs
Diploma/Degree	Diploma GED		
Course of Study Major and Minor			
Describe Specialized Training, Apprenticeship, Skills and Extracurricular Activities			

GPA: _____ max GPA for _____ school is _____

GPA: _____ max GPA for _____ school is _____

SAT or ACT Score: _____

Additional Comments on Education:

EMPLOYMENT HISTORY

List last three employers in reverse order with the current/latest first. McFarlane will make every effort to contact previous employers; please provide contact information as accurately and thoroughly as possible.

Employer Name:	Dates of Employment to	Annual Salary Job Title
Address:	Are you currently working for this employer?	If yes, may we contact?
Phone:	Supervisor's Name Reason for Leaving:	
Principle Duties:		

Employer Name:	Dates of Employment to	Annual Salary Job Title
Address:	May we contact this employer?	
Phone:	Supervisor's Name: Reason for Leaving:	
Principle Duties:		

Employer: Name: Address: Phone:	Dates of Employment to	Annual Salary Job Title
	May we contact this employer?	
	Supervisor's Name:	
	Reason for Leaving:	
Principle Duties:		

Explanation for any time lapses between jobs:

What did you enjoy most of any of your jobs?

What did you least enjoy of any of your jobs?

Why should we hire you? List your three best qualities:

Why do you want to work at McFarlane Aviation Products?

PERSONAL REFERENCES

Name	Address	Phone	Years Known	Relationship	Occupation

CERTIFICATION/RELEASE

"I certify that I have read and understand the applicant note on the front page of this form and that all answers given by me herein are true and correct to the best of my knowledge and belief. Falsifications or omissions are grounds for failure to hire or for termination. I hereby authorize McFarlane Aviation, Inc., its agents and servants, and any credit reporting agency, to verify any information set forth herein including, but not limited to, my criminal history, both prior to and during my employment therewith. I further authorize all persons, schools, former employers and law enforcement agencies to release such information as McFarlane Aviation, Inc. may request concerning my past, and do hereby release such person, school, former employer and law enforcement agencies from any liability or damages which may result therefrom. I understand that the use of illegal drugs is prohibited during my employment and do hereby submit to drug testing by or at the direction of the company to detect the presence of drugs in my body, both prior to and during my employment therewith."

Signature _____ Date _____