



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Full Legal Name:		Date:	
Present Street Address:			
City:	State:	Zip Code:	
Primary Phone Number:		Secondary Phone Number:	
Social Security #:	Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email Address:			
Are you authorized to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Licenses:			
FAA Pilots License #:	Ratings:	Current: Yes <input type="checkbox"/> No <input type="checkbox"/>	
FAA Mechanics License #:	Ratings:		
Drivers License #:	Drivers License State:	Drivers License Type:	
Other Licenses/Type:			
Employment Desired:			
Position:	Date Available to Start:	Salary Desired:	
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, can we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever applied to this company before: Yes <input type="checkbox"/> No <input type="checkbox"/> If so, where? When?			
How did you hear about this position?			
US Military Service:		Are you currently serving in the National Guard or Reserve Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Branch of Service:	Rank:	Specialty:	MOS:
Was your Resignation, Release, Dismissal, or Discharge other than Honorable? (An "other than Honorable" discharge will not necessarily bar employment): Yes <input type="checkbox"/> No <input type="checkbox"/>			

U.S. Government Employment History:

Have you currently or in the past ever served as a government employee in the judicial branch, military, general or executive service? Yes No

Have you currently or in the past ever served as a government employee in the legislative branch? Yes No

Security Clearance:

Have you ever had a Security Clearance? Yes No

Level of most recent Clearance: _____ Employer at Time: _____ Clearing Agency: _____

Have you ever had a Security Clearance denied, suspended or revoked? Yes No

EDUCATIONAL HISTORY

Education Type	Name, Phone #, City and State of School	Number of Years Attended	Did you Graduate?	Area of Study
High School				
College				
Trade or Business School				
Other: _____				

Subjects of special study or research work:

EMPLOYMENT HISTORY

(Please list the three most recent employers, starting with the last one first)

Date Month/Year	Name, City, State and Phone Number of Employer	Salary	Position Held	Reason for Leaving
FROM: TO:		\$ Per Year <input type="checkbox"/> Per Hour <input type="checkbox"/>		
FROM: TO:		\$ Per Year <input type="checkbox"/> Per Hour <input type="checkbox"/>		
FROM: TO:		\$ Per Year <input type="checkbox"/> Per Hour <input type="checkbox"/>		

CONVICTIONS

Please read the following section carefully and answer it thoroughly. If you have any type of criminal record, history or other information in response to one or more of the questions below, you must disclose the information and supply the details on this application form. Please note that the disclosure obligation applies to many traffic or traffic-related violations or other offenses that you may view as minor.

Have you ever had a finding or verdict of guilt imposed by a court or have you otherwise been convicted or found guilty of a crime, regardless of whether any fine, penalty or sentence was imposed, served, probated, suspended, deferred (as in deferred adjudication), or otherwise withheld or set aside (for example, a finding of guilt or sentence held in abeyance and later dismissed upon meeting certain conditions such as good behavior, community service, completion of a course, or other requirements)? Include any conviction by a general or special court-martial while in military service. Yes No

Have you ever forfeited bail, accepted a plea bargain or otherwise entered a plea of guilty, no contest, nolo contendere, etc. in court in connection with the disposition of criminal charges against you regardless of whether any fine, penalty or sentence was imposed, served, probated, suspended, deferred (as in deferred adjudication), or otherwise withheld or set aside (for example, a finding of guilt or sentence held in abeyance and later dismissed upon meeting certain conditions such as good behavior, community service, completion of a course, or other requirements)? Include any bail forfeitures, plea bargains, guilty/no contest/nolo contendere pleas in any proceeding by a general or special court-martial while in military service. Yes No

If you answered "yes" to either of the two questions above, please describe the incident and its disposition. For each conviction, your description must include the relevant dates; the city, county and state; the specific conviction for which you were convicted; the original charge associated with the incident (if different from the offense for which you were ultimately convicted); and the finding and/or sentence or other penalty imposed, including probation, probated sentence, deferral or suspension, fines, orders or actions you were required to complete as a condition for dismissal, deferral, suspended or probated sentence (such as good behavior, community service, courses or training, etc.). (Note: You may omit: {a} minor traffic violations for which you paid a fine of \$300 or less; {b} any offense committed before your 21st birthday which was adjudicated in a juvenile court under a youth offender law or program; {c} misdemeanor marijuana convictions two years from the date of such conviction; and {d} misdemeanor minor in possession of alcohol for which you paid a fine of \$300 or less and received no other sentence or penalty.

Please note that disclosure of responsive information in this section will not necessarily disqualify you from employment consideration, but an omission or misrepresentation in this application or in any other information or representations you provide seeking employment with Spirit Avionics can disqualify you for employment.

REFERENCES

(Please name three persons not related to you, whom you have known at least one year)

Reference Name	Address & Phone Number	Business	Years Known

I hereby certify that all the statements and answers set forth on this entire application form and / or my resume are true and complete to the best of my knowledge. I understand that if subsequent to employment any such statements and / or answers are found false or that information has been omitted, such false

statements or omissions will be just cause for the termination of my employment. I understand and agree that my employment is for an indefinite period and may be terminated at any time without any previous notice, regardless of the date of payment of my wages and / or salary.

I understand and agree that, if a conditional offer of employment is extended to me, I may be required to take one or more physical examinations(s) and / or drug test(s) as a condition of hiring or continued employment. I agree to consent to such test(s) at such time as designated by employer and to release the employer, its directors, officers, agents or employees from any claims arising in connection with the use of such tests.

I understand and agree to the following: that as a condition of my employment and the employer's offer of employment, any and all disputes, controversies or claims arising between the employee and the employer concerning any aspects of the employee's employment or application for employment and / or the termination of employment thereof shall be settled by binding arbitration.

Signature

Date

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

As a prospective employer, we are required by Sec. 40.25 (j) to ask any applicant for a safety sensitive position with our Company whether he/she has tested positive or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (performing work on an aircraft) during the past two years.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

This certifies that I completed this addendum to the employment application and that all information therein is true and complete to the best of my knowledge. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

APPLICANT SIGNATURE _____ **DATE:** _____

*Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return to duty process. (see Sec. 40.25 (b)(5) and (e))

Previous Employer Alcohol & Drug Test Information & Safety Sensitive Performance History

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

This information is being requested in compliance with §40.25 and §382.405(f) and (h).

I, _____
First name **MI** **Last name** **Social Security Number**
hereby authorize that my previous Employers, as stated on my employment application, may release and forward information requested by Section 2 and 3 (below) of this document concerning my Alcohol and Controlled Substances testing records and Safety Sensitive Performance History to Prospective Employer:

Spirit Aeronautics
4808 E. 5th Avenue
Columbus, OH 43219
Confidential Fax: 614-237-6387

Applicant's Signature _____ **Date** _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER - ALCOHOL & DRUG TEST INFORMATION

If employee was not subject to Department of Transportation testing requirements while employed by this employer, please check here , sign below and return.

Under Department of Transportation testing requirements:

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Has this person had a verified positive drug test? Yes No
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? Yes No
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? Yes No
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of this employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form if applicable.) Yes No

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Company: _____ Phone: _____

Street: _____ City, State, Zip: _____

Section 2 Completed by (Signature): _____ Date _____



APPLICATION FOR EMPLOYMENT

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER – SAFETY SENSITIVE PERFORMANCE HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from _____ to _____

1. Reason for leaving your employ: Discharged Resignation Lay Off Military Duty

If there is no safety performance history to report, check here , sign below and return.

Accidents: Complete the following for any accidents included on your accident register (§390.15 (b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this employee. Please also provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

<u>Date</u>	<u>Incident</u>	<u>Location</u>	<u>No. of Injuries</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Signature: _____ Title: _____ Date: _____

SECTION 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one): Faxed to previous employer Mailed to previous employer Date: _____

Completed information received via: Fax Mail E-mail Date: _____

Recorded by (Signature) _____