

EMPLOYMENT APPLICATION

Phone 338-1800 Fax 338-1887
4300 S. Kennedy Street, Boise, Idaho 83705



WESTERN AIRCRAFT

A Greenwich AeroGroup® Company

PERSONAL INFORMATION					
Name (Last, First, Middle)					Date
Address		City	State	Zip	Telephone: Cell) W) H)
Have you ever worked for Western Aircraft? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when					Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 10 years have you been convicted of a misdemeanor or felony? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give details including offense and date. <i>Conviction is not necessarily a bar to employment.</i>					
Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, after employment, submit verification of your legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>					Referred to Western Aircraft, Inc. by:

EMPLOYMENT INTEREST/SKILLS		
Position for which you are applying:	Wage/Salary Expected:	Date Available for work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Are there any hours or days you cannot work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:		
SPECIALIZED SKILLS		
Typing (WPM)	Software Experience	Other machines operated
Airframes in which you are knowledgeable – list airframe and # of years experience:		
Other specialized skills or information pertinent to the job for which you are applying:		

EDUCATION				
School	Name & Location	Last Grade/ Level Completed	Diploma/ Degree	Course/ Major
High School				
College, Business, Vocational Or Other Training				

MOTOR VEHICLE DRIVER APPLICANTS – Complete only if required by position				
Do you have or can you obtain a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of License	State	License Number
Has your driver's license ever been revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:				
MOTOR VEHICLE DRIVING EXPERIENCE				
From: (Mo/Yr) To: (Mo/Yr)	Name & Address of Company		Type of Vehicle	

Western Aircraft, Inc. is an Equal Opportunity/Affirmative Action Employer with a Smoke and Drug Free Workplace

EMPLOYMENT HISTORY							
Please list ALL JOBS, beginning with current or most recent employer. Account for ALL time periods, including unemployment, self-employment and U.S. Military Service. Please provide all the requested information for each job. If space is insufficient, attach a separate page.							
1. Employer Name & Address		Type of Business		Dates of Employment		Salary	
				Start	End	Start	End
Job Title:		Duties & Responsibilities:		Reason for leaving or desire to leave:		May we contact this employer?	
Department: Supervisor:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Telephone	
2. Employer Name & Address		Type of Business		Dates of Employment		Salary	
				Start	End	Start	End
Job Title:		Duties & Responsibilities		Reason for leaving		May we contact this employer?	
Department: Supervisor:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Telephone	
3. Employer Name & Address		Type of Business		Dates of Employment		Salary	
				Start	End	Start	End
Job Title:		Duties & Responsibilities		Reason for leaving		May we contact this employer?	
Department: Supervisor:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Telephone	
4. Employer Name & Address		Type of Business		Dates of Employment		Salary	
				Start	End	Start	End
Job Title:		Duties & Responsibilities		Reason for leaving		May we contact this employer?	
Department: Supervisor:						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						Telephone	

REFERENCES – List below three professional references who can attest to your knowledge and abilities:			
Name	Occupation	Years	Telephone

STATEMENT

I certify that the statements made in this application are true and correct and understand that falsification of such statements and information is grounds for immediate dismissal in accordance with Western Aircraft, Inc. policy. In consideration of my employment, I agree to conform to the rules and regulations of Western Aircraft, Inc. and realize that my employment and compensation can be terminated at any time, with or without notice, by the Company or myself. I understand that no Western Aircraft, Inc. representative has the authority to enter into any other agreement with me for employment for any specified period of time or to make any agreement contrary to the foregoing statement. I understand that employment may be contingent upon passing a motor vehicle records check and a drug and alcohol test if included in the position requirements. I agree and authorize Western Aircraft, Inc. to verify and statements made on this application, and I authorize all previous employers or other persons having knowledge of myself or my record to release such information to Western Aircraft, Inc. I hereby release those companies and persons and Western Aircraft, Inc. from all claims or liabilities that may arise by such disclosures or such investigation.

Applicant Signature _____ Date _____

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NOTICE TO APPLICANTS

Western Aircraft, Inc. has a Drug Free Workplace Policy which strictly prohibits the use, purchase, sale or distribution of illegal drugs (meaning those drugs for which there is no generally accepted medical use, e.g., marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, or a metabolite of those drugs), drug paraphernalia, or use of alcohol by an employee in company vehicle, at a job site, on company property, without company approval, or during work hours.

A requirement for consideration of employment with Western Aircraft Inc. is the passing of a pre-employment test for the presence of illegal drugs. Any prospective employee who tests positive for the presence of illegal drugs will not be offered employment with the company.

Applicants who become employees of Western Aircraft Inc. will be required to comply with the company's Drug Free Workplace Policy which also includes random, reasonable cause and post-accident testing.

Applicant's Name Printed

Applicant's Home Phone Number

Applicant's Signature

Date



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Voluntary Affirmative Action Information

Western Aircraft, Inc. is an Equal Opportunity Employer. We consider applicants for all positions without regard to sex, race, color, religion, national origin, age, veteran's status, disability, or any other legally protected status.

We request your cooperation in providing the following information which will be used in accordance with federal and state statutes and regulations regarding Equal Employment Opportunity and Affirmative Action. *Providing this information is voluntary.* All information received remains separate from your employment application and is not used in any way during the interviewing or hiring process.

If you choose not to provide this information, check the space below indicating your decision. The absence of this data will, however, limit our effectiveness in auditing our employment practices and meeting fair employment reporting requirements.

Date: ___/___/___

Position Sought: _____

Name: _____
Last First Middle Initial

Address: _____
Number Street City State Zip Code

SURVEY

Check One:

- Male
- Female

Check One:

- White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa and the Middle East.
- Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific islands. This area includes, for example, China, Japan, Korea, the Philippine islands, and Samoa.
- American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintained cultural identification through tribal affiliation or community recognition.
- Declined to Answer

Thank you!