



129 Aviation Boulevard • Aiken, South Carolina 29805-8921

EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

Personal Information:

Date _____

Name _____
First Middle Last

Address _____
Street City State Zip Code

Home Phone _____ Alternate Phone _____ Email Address _____

Do you possess a valid driver's license? Yes No If yes, provide state and number _____

Expiration date _____

Can you, after employment, submit proof of your legal right to work in the United States? Yes No

Are you at least 18 years of age? Yes No

Employment:

Position applying for _____ Salary desired _____ (gross per month)

What type of job are you looking for? Full Time Part Time Temporary (summer or holiday)

What days and hours are you available for work? _____

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? ____/____/____

Can you work weekends? Yes No Evenings? Yes No Overtime? Yes No

Education:

High School Name & Location _____ Diploma Other (specify) _____

College Name & Location _____

Major/Subjects Studied _____

Degree Attained _____ Year _____

Additional Training _____

Work History:

U.S. Military Service Yes No From ____/____/____ To ____/____/____ Rank _____

Are you currently in the Reserves or National Guard? Yes No

Describe your work experience in detail from your last four employers, beginning with your current or most recent job.

1. Name of Present or Last Employer _____ Job Title _____

Address _____ Phone _____ Supervisor _____

From ____/____/____ To ____/____/____ Hours per Week _____ Salary _____

May we contact this employer? Yes No

Job Duties _____

Reason for Leaving _____

2. Name of Employer _____ Job Title _____

Address _____ Phone _____ Supervisor _____

From ____/____/____ To ____/____/____ Hours per Week _____ Salary _____

May we contact this employer? Yes No

Job Duties _____

Reason for Leaving _____

3. Name of Employer _____ Job Title _____

Address _____ Phone _____ Supervisor _____

From ____/____/____ To ____/____/____ Hours per Week _____ Salary _____

May we contact this employer? Yes No

Job Duties _____

Reason for Leaving _____

4. Name of Employer _____

Address _____ Phone _____ Supervisor _____

From ____/____/____ To ____/____/____ Hours per Week _____ Salary _____

May we contact this employer? Yes No

Job Duties _____

Reason for Leaving _____

Additional Information:

Are you willing to submit to and pass a controlled substance test as a condition of employment? Yes No

Have you ever been convicted of a criminal offense? Yes No

If yes, please list charge(s) _____

Where convicted _____ Date _____ Disposition/Status _____

Provide the name, address, and phone number of two people, not relatives, who are familiar with your work.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

In case of emergency notify _____
Name Address Phone

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I HEREBY AUTHORIZE AIKEN AVIATION ENTERPRISES, INC., ITS OWNERS, OFFICERS, OR EMPLOYEES TO OBTAIN FINANCIAL INFORMATION AND VERIFY ANY INFORMATION PROVIDED FOR IN THIS APPLICATION AS THEY DEEM NECESSARY.

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.

Signature _____ Date _____