



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and fully subscribe to the principles of equal employment opportunity. Applicants are consider for hire without regards to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____

Telephone (____) _____ If under 18, please list age _____

e-mail _____

EMPLOYMENT DESIRED

Position(s) applied for _____ Days/hours available to work: _____

Salary desired _____

How many hours can you work weekly? _____ Can you work evenings? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional or Graduate School				

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, . Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Are you currently employed? Yes No

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Have you ever been convicted of a felony? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Have you ever been in the armed forces? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Are you now a member of the National Guard? Yes No

If hired, can you provide proof of U.S. citizenship Yes No

or proof of your legal right to live and work in this country?

Have you ever been employed with this company? Yes No

If yes, when? _____

Do you have any friends or relatives employed by this company? Yes No

If yes, please provide their names and relationship to you. _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions and duties Yes No

of the job for which you are applying?

If not, please describe the functions or duties you are unable to perform. _____

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

I have read and fully understand the questions asked in this application. I certify that the answers given in this application for employment are true, correct and accurate. I understand that any false information or omission will result in immediate rejection of my application or, if I am hired, will be cause for immediate termination.

Signature of applicant: _____ **Date:** _____

Thank you for completing this application form and for your interest in our business.

911 BATTERSBY AVE ENUMCLAW WA 98022 P:360.802.8300 F:360.802.7954



Hill AeroSystems, Inc., will complete a background check on any person being considered for employment.

By signing below I understand and accept that a background check will be performed.

PRINT APPLICANT'S NAME

SIGNATURE

DATE