



PROFESSIONAL
AIRCRAFT ACCESSORIES
 FAA Repair Station No. P81R813N

7035 Center Lane
 Titusville FL 32780
 Phone 321-267-1040
 Fax 321-264-4131

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

OFFICE USE ONLY

Application Disposition:

Date: _____

Initials: _____

APPLICATION FOR EMPLOYMENT

Application Date:

This application will be actively considered for 45 days for positions to be filled through outside hiring. After this time, application must be made, in person, for consideration for other positions which may be available.

Please complete this application in your own handwriting in ink. Your replies to all questions will be held in the strictest confidence.

INCOMPLETE APPLICATIONS WILL BE REJECTED. MAKE SURE ALL QUESTIONS ARE ANSWERED COMPLETELY AND ACCURATELY.

If a question does not apply to you, write "N/A" (not applicable). If you require more space for answers, please use an additional sheet of paper.

Professional Aircraft Accessories, Inc. is an equal opportunity employer. Applicants are considered for employment solely on the basis of their qualifications and without regard to race, color, religion, national origin, citizenship, sex, marital status, age, or disability.

Are any of your relatives employed by Professional Aircraft Accessories, Inc.? Yes No

If yes, please list name(s) and relationship(s) _____

Referred by: _____

How did you learn about us? _____

What do you know about our company and the services we provide? _____

Have you ever performed work under governmental regulatory bodies such as; FAA, CASE, JAA or Airlines?

Have you ever been convicted of a crime or pled nolo (exclude minor traffic violations)? Yes No

If yes, state offense, date, court, and place where offense occurred: _____

Are you presently charged with a crime that has not been resolved? Yes No

If yes, state charges, expected date of resolution: _____

Have you ever 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 D.O.T. Agency drug and alcohol testing rules during the past two years? Yes No

All employees that will perform safety sensitive work are required to provide written consent to Professional Aircraft Accessories, for prior D.O.T. employer regulated drug and alcohol testing records.

Please print your full name (LAST, FIRST, MIDDLE)

Signature

Today's Date

JOB REQUIREMENTS

Check a desired position:

_____ Office/Clerical

_____ Customer Service

_____ Sales

_____ Technician:

(Avionics/Instruments, Pressurization, Accessories/Landing Gear, Wheels/Brakes, R&D)

_____ Production Support:

(Stock Room, Painter, Technical Publications, Technician Assistant)

Other: _____

Technical positions will require a completion of an oral and written examination upon acceptance for further review Technicians perform work in areas that are adequately lighted, ventilated, and heated. They are frequently exposed to loud noise from the movement of machinery and test equipment; to the possibility of cuts, burns, strains, electrical shock, and abrasions from handling equipment or from moving parts of machinery; and to unpleasant conditions from dirt, solvents, fuel, toxic fumes, grease, and gases. Floor surfaces may be wet, oily, or slippery. Various protective devices such as ear plugs, face shields, gloves, safety shoes and safety glasses are used. Employees frequently handle objects weighing up to 18 kilograms (40 pounds) unassisted and occasionally objects weighing up to 32 kilograms (70 pounds) with assistance of other workers or weight handling equipment. They are required to lift, reach, bend, walk, pull, push, sit, and stand for prolonged periods of time.

Date available: _____

Minimum salary required (be specific): _____

If you have minimal / no experience, will you accept Entry Level/On-the-Job Training Positions? _____

Will you work overtime? Yes No Will you work weekends? Yes No

If yes to weekends, check appropriate times: Saturday Sunday Both

State any limitations on your working hours: _____

Are you on lay-off and subject to recall? Yes No

TRAINING & EDUCATION

Special Skills: _____

List any education or training received related to the position designated (e.g., customer relations, credit, supervision, etc.) _____

List any professional certifications or licenses (e.g., CPA, CPS, FCC, A&P, etc.): _____

List Computer experience: (Software, programming, etc.) _____

HIGH SCHOOL

Name _____ City and State _____
Grade Average _____
Graduated: Yes No If no, expected date of completion: _____
Degree Type: _____

TECHNICAL SCHOOL (Include Military)

Name _____ City and State _____
Attended From _____ mm/yy To _____ mm/yy Grade Average _____
Graduated: Yes No If no, expected date of completion: _____
Degree Type: _____

COLLEGE

Name _____ City and State _____
Attended From _____ mm/yy To _____ mm/yy Grade Average _____
Graduated: Yes No If no, expected date of completion: _____
Degree Type: _____

ADDITIONAL TRAINING/EDUCATION: _____

Do you plan to continue your formal education? Yes No
If yes, when, what degree and expected date of completion? _____

WHAT, IF ANY, FOREIGN LANGUAGE(s), DO YOU

Speak (indicate languages) _____
 Read (indicate languages) _____
 Write (indicate languages) _____

LIST ANY ACADEMIC OR COMMUNITY ACTIVITIES, HONORS, OR OFFICES HELD:

EMPLOYMENT RECORD

Account for all jobs held beginning with your present or most recent. Include part-time, summer or temporary employment. Also, include military service (show rank and type of discharge). If you require more space, please use an additional sheet of paper. Accuracy of dates and addresses is essential. An applicant will not be rejected based on the type of discharge from military service though the nature of such discharge may cause further investigation into the applicant's background.

NAME OF COMPANY _____

KIND OF BUSINESS _____

COMPANY ADDRESS _____

Street City State Zip

PHONE() _____ EMPLOYED From _____ mm/yy To _____ mm/yy

LAST POSITION HELD _____

IMMEDIATE SUPERVISOR _____

Name Title

MAJOR RESPONSIBILITIES _____

IF PROMOTED, SPECIFY PREVIOUS POSITION: _____

MONTHLY SALARY: Starting \$ _____ Final \$ _____

NAME WHILE EMPLOYED: _____

REASON FOR LEAVING: _____

NAME OF COMPANY _____

KIND OF BUSINESS _____

COMPANY ADDRESS _____

Street City State Zip

PHONE() _____ EMPLOYED From _____ mm/yy To _____ mm/yy

LAST POSITION HELD _____

IMMEDIATE SUPERVISOR _____

Name Title

MAJOR RESPONSIBILITIES _____

IF PROMOTED, SPECIFY PREVIOUS POSITION: _____
MONTHLY SALARY: Starting \$ _____ Final \$ _____
NAME WHILE EMPLOYED: _____
REASON FOR LEAVING: _____

NAME OF COMPANY _____
KIND OF BUSINESS _____
COMPANY ADDRESS _____
Street City State Zip
PHONE() _____ EMPLOYED From _____ mm/yy To _____ mm/yy

LAST POSITION HELD _____

IMMEDIATE SUPERVISOR _____
Name Title

MAJOR RESPONSIBILITIES _____

IF PROMOTED, SPECIFY PREVIOUS POSITION: _____
MONTHLY SALARY: Starting \$ _____ Final \$ _____
NAME WHILE EMPLOYED: _____
REASON FOR LEAVING: _____

NAME OF COMPANY _____
KIND OF BUSINESS _____
COMPANY ADDRESS _____
Street City State Zip
PHONE() _____ EMPLOYED From _____ mm/yy To _____ mm/yy

LAST POSITION HELD _____

IMMEDIATE SUPERVISOR _____
Name Title

MAJOR RESPONSIBILITIES _____

IF PROMOTED, SPECIFY PREVIOUS POSITION: _____

MONTHLY SALARY: Starting \$ _____ Final \$ _____

NAME WHILE EMPLOYED: _____

REASON FOR LEAVING: _____

Are you presently employed? Yes No

If employed, why do you wish to change your job? _____

Does your present employer know of your plans to change employment? Yes No

If not, when may we contact? _____

Have you ever been fired or asked to resign from a position? Yes No

If yes, name of company _____

Give explanation _____

PERIODS OF UNEMPLOYMENT –
Account for all breaks of employment of two or more weeks in the last ten years.

From _____ mm/yy To _____ mm/yy

Reason _____

From _____ mm/yy To _____ mm/yy

Reason _____

LIST ANY OUTSIDE BUSINESSES WITH WHICH YOU ARE INVOLVED IN ANY WAY: _____

CERTIFICATION AND ACKNOWLEDGMENT

Misrepresentation/Omission; I hereby affirm that my answers to the foregoing questions are true and correct. I understand that misrepresentation or omission of facts called for in this application will render this application void, and if employed, will be cause for immediate discharge.

Verification; I hereby authorize investigation of all statements I have made in this application and consent to my previous employers' providing the company with any relevant information necessary to arrive at an employment decision. I acknowledge that the Company may request an investigative consumer report involving information as to my credit, character, general reputation, personal characteristics, and mode of living through personal interviews with my neighbors, friends and associates prior to making a final decision concerning my employment. I realize that upon written request, additional information as to the nature and scope of the report, if one is made, will be provided to me.

Employment Status; I understand that should I enter into the employment of the Company, such employment shall be for no fixed period and shall be subject to satisfactory work and conduct and will be terminable at any time. If the Company finds that I am not adapting to the work or am otherwise not satisfactory, my employment may be terminated without any further obligation on the Company's part. I also agree to be subject to the rules and regulations governing the Company's personnel.

Immigration Reform and Control Act of 1986; I understand that this act requires, as a condition of my employment, that I furnish documentation spelled out in the regulations which establishes my identity and employment eligibility and that I must complete the Employment Eligibility Verification Form (I-9) upon employment.

Date: _____

Signature: _____

11/23/09

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and work's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that t telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contact by Professional Aircraft Accessories, to furnish the information describe in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name (LAST, FIRST, MIDDLE)

Please print other names you have used

Home address (STREET, CITY, STATE, ZIP)

Social Security Number

Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI
Sex: () Male () Female Race: () Asian () Black () Hispanic () White () Other

Drivers License Number

State Issuing License

Name as it appears on license

Signature

Today's Date

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES.