



ELLIOTT[®] AVIATION

Locations:

Moline, IL
Des Moines, IA
Minneapolis, MN
Omaha, NEB

Elliott Aviation, Inc.
PO Box 100
Moline, IL 61266
(800) 447- 6711
Fax: (309) 799-5945
Website:

www.elliottaviation.com

***An
Equal
Opportunity
Employer***

All statements made by applicants for employment on this application will be checked for accuracy. Elliott Aviation offers equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, marital status, sex, national origin, citizenship status, physical or mental disability, or past present or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

DATE: _____

APPLICATION FOR EMPLOYMENT

(Please Print – Application must be completed in full)

PERSONAL DATA:

Legal Name: _____ Social Security Number: _____

Street _____ City, State _____ Zip Code: _____

Home Phone: () _____ Business Phone: () _____ E-mail: _____

Position for which applying: _____ Location: _____

F/T P/T Temp. If part time, what days _____ and hours _____

What is your minimum salary requirement? _____ Date Available: _____

Have you ever worked for Elliott Aviation, Inc. before? Yes No

Have you ever applied to Elliott Aviation, Inc. before? Yes No When: _____

How were you referred to us? Employee Referral Former Employee Walk-In
School Recruitment Advertisement Other _____

Why do you desire a change in employment? _____

Have you ever been discharged or requested to resign a position of employment? Yes No

If yes, please explain _____

Are you legally eligible for work in the USA? Yes No (Note: Proof of citizenship or immigration status will be required for employment)

Are you 18 years of age or older? Yes No Do you have a valid driver's license? Yes No

Is there anything which would prevent you from performing the essential functions of the position for which you are applying?

Yes No If yes, please explain: _____

Have you ever been convicted of a crime in the past 7 years (excluding sealed or expunged convictions)? Yes No
(Note: a "yes" response will not necessarily disqualify you from consideration)

If yes, please explain: _____

EDUCATION:

Schools	Name/Location	Circle Last Year Completed	Type of Course Or Major	Did you Graduate	Degree Received
High School		9 10 11 12		Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
College		1 2 3 4		Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
Trade or Business				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	

SKILLS:

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application:

U.S. Military Service:

Have you served in the U.S. Armed Forces: Yes No

If yes, in what branch? _____

Dates of duty - From: _____ To: _____

Rank at time of Enlistment: _____ Rank at time of Separation: _____

Special Training: _____

Briefly describe your duties: _____

Certification Information

Pilot Cert. # _____ Student Priv. Comm. ATP Flt Inst Gr. Inst. Sim. Inst. Other

Total Flight Experience: PIC _____ SIC _____ S/E/L _____ R/G _____ MEL _____ S/E/S _____ M/E/S _____

TURBINE _____ PROP _____ Jet _____ ROTOCRAFT _____ INSTRUMENT: Actual _____ Sim. _____

Current FAA Physical – Class _____ Date taken _____

Mechanic Cert # _____ A&P A only P only AI Other _____

EMPLOYMENT HISTORY

This section must be complete. A resume will not substitute for the completed application.

1. Last/Current Employer: _____
Address: _____
City/State/Zip Code: _____
Telephone: _____

Dates of Employment
(Mo. /Yr.)
From: _____
To: _____

Supervisor's Name: _____
Job Title: _____

Salary	
Start	End

Duties: _____
Reason for leaving: _____
May we contact this employer? Yes No

2. Employer: _____
Address: _____
City/State/Zip Code: _____
Telephone: _____

Dates of Employment
(Mo. /Yr.)
From: _____
To: _____

Supervisor's Name: _____
Job Title: _____

Salary	
Start	End

Duties: _____
Reason for leaving: _____
May we contact this employer? Yes No

3. Employer: _____
Address: _____
City/State/Zip Code: _____
Telephone: _____

Dates of Employment
(Mo. /Yr.)
From: _____
To: _____

Supervisor's Name: _____
Job Title: _____

Salary	
Start	End

Duties: _____
Reason for leaving: _____
May we contact this employer? Yes No

4. Employer: _____
Address: _____
City/State/Zip Code: _____
Telephone: _____

Dates of Employment
(Mo. /Yr.)
From: _____
To: _____

Supervisor's Name: _____
Job Title: _____

Salary	
Start	End

Duties: _____
Reason for leaving: _____
May we contact this employer? Yes No

REFERENCES:

List names, addresses and telephone numbers of three references who are not related to you who have knowledge of your skills and abilities in the area for which you have applied.

Name	Address	Phone Number

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience activities, accomplishments, etc. (You may exclude all information which may disclose your age, sex, race, religion, color, national origin, disabilities or other legally protected status.)

APPLICANT: READ ACKNOWLEDGEMENT CAREFULLY

I certify that the information provided on the application (and my accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

In making this application, I also understand that all information I have furnished may be investigated for verification by contacting former employers (except where otherwise indicated herein), references and any parties or sources who may have information Elliott Aviation, Inc. deems relevant to my employment, including criminal, educational, and driving records. I authorize Elliott Aviation, Inc. and its representatives to conduct such an investigation and release from all liability or damage those individuals, firms or employers who may provide any such information and Elliott Aviation, Inc. in gathering such information.

Ours is an alcohol and drug free workplace. I understand that if I am offered employment with Elliott Aviation, Inc., a pre-employment physical examination and drug test (with negative results) is required. The drug test is a condition of hiring and continued employment. This is mandatory for ALL safety sensitive employees covered under the FAA Regulations 14 CFR Parts 121, 135 and 49 CFR Part 40 (Flight Crew Member, Flight Attendant, Flight Instructor, Aircraft Dispatcher, Ground Security Coordinator, Aircraft Maintenance Technician, Aviation Screener, Air Traffic Controller). I understand that Elliott Aviation, Inc. may be required to notify the Federal Aviation Administration of an adulterated test result, as required by the Federal Aviation Regulations. Drugs tested for are marijuana, cocaine, opiates, PCP and amphetamines. I certify that I am not permanently disqualified from performing any safety-sensitive duties by the FAA due to a violation of a previous employer's Anti-Drug or Alcohol Misuse Program. I further agree that if I attain employment with Elliott Aviation, Inc. I may (as required by the Federal Aviation Administration) participate in the random Drug & Alcohol Testing programs.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Elliott Aviation, Inc. and myself for either employment or for the providing of any benefit. No promises have been made to me, and I understand that if I obtain employment with Elliott Aviation, Inc., my employment will not be for a fixed period time and that it can be terminated by the company, or me, with or without notice for any reason or for no reason, and without liability for wages, salary or other compensation or benefits except what I have earned as of the date of termination, or specified by federal, state or local law.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Employed? Yes No

Start Date: _____

Job Title: _____

Department: _____