

# Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application
<input type="checkbox"/> Painting <input type="checkbox"/> Interior <input type="checkbox"/> Mechanic <input type="checkbox"/> Cabinetry <input type="checkbox"/> Other (specify)	
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your current employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
Proof of citizenship or immigration status will be required upon employment.

On what date will you be available for work? \_\_\_\_\_

Are you available to work:  Full Time     Part Time     Shift Work     Temporary

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

Can you travel if a job requires it? (If applying for Sanford facility, travel to Oxford for training period until completion of Sanford Jet Division)  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

**1**

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**2**

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**3**

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

**4**

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.


# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

--	--

## **Specialized Skills**

## **Check Skills/Equipment Operated**

		Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> CRT	<input type="checkbox"/> Microsoft Office	_____	_____
<input type="checkbox"/> PC	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Fax	<input type="checkbox"/> Microsoft Publisher	_____	_____
<input type="checkbox"/> Paint Spray Equipment (list) _____			
<input type="checkbox"/> Commercial Sewing Equipment _____			
<input type="checkbox"/> Cabinetry Tools _____			

State any additional information you feel may be helpful to us in considering your application.

--	--

Note to Applicants: PLEASE ASK IF YOU ARE UNAWARE OF THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?  Yes  No

## References

1		( )	
	(Name)		(Phone #)
	(Address)		
2		( )	
	(Name)		(Phone #)
	(Address)		
3		( )	
	(Name)		(Phone #)
	(Address)		

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview      \_\_\_ Yes      \_\_\_ No

Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER      DATE

Employed      \_\_\_ Yes      \_\_\_ No

Date of Employment \_\_\_\_\_ Department \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

NOTES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OXFORD AVIATION INC.  
PRE-EMPLOYMENT DRUG TEST

As a condition of employment all selected applicants must pass a drug test. The applicant will be tested for the following specified drugs and subject to the cutoff levels in 49 CFR 40.29 (e)(f).

- a Marijuana
- b Cocaine
- c Opiates
- d Phencyclidine (PCP)
- e Amphetamines

By signing this statement you agree to the Pre-Employment Drug Test. If under 18, parental consent required.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OXFORD AVIATION INC  
OXFORD, ME

**Authorization for Release of Information**

By applying for appointment or reappointment to Oxford Aviation staff in Oxford, ME, I hereby signify my willingness to appear for interviews in regard to my application, authorize Oxford Aviation, and their representatives to consult with appropriate past or present supervisors/employers.

I hereby further consent to the inspection by individuals authorized by Oxford Aviation and their representatives of all records and documents that may be material to evaluate my qualifications and competence to carry out the duties as outlined to me.

I release to Oxford Aviation, its representatives and agents, from liability, for acts of omission performed in good faith and without malice in evaluating the application as well as those who provide information to Oxford Aviation, in good faith and without malice. I consent to the release of such information, including otherwise privileged and/or confidential information to other facilities and persons with a legitimate interest and agree to hold Oxford Aviation, its representatives and agents free of liability for their actions performed in good faith as part of the quality assurance program, the credentialing process, peer review, and medical evaluation activities.

I am willing that a photostat/faxed copy of this authorization be accepted with the same authority as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date