

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment / Unit #

_____ *City State Zip Code*

Phone: _____ E-Mail: _____

Position Applied For: _____

Date Available: _____ Desired Salary: \$ _____

Are you a Citizen of the United States? Yes No
If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for **ASIC** ? Yes No
If yes, When? _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Have you ever worked for a company in a Safety Sensitive Position Yes No
Regulated by Federal DOT-FAA Drug & Alcohol testing guidelines?

If yes, would you be willing to sign a consent form allowing **ASIC** Yes No N/A
To send a "Release of Information Form" to your previous employers?

Are you willing to submit to a Pre-Employment drug screening? Yes No

Do you have your own tools? Yes No
Can you travel if a job requires it? Yes No

Do you have an FAA License? Yes No
If yes, what class? _____

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AIRCRAFT STRUCTURES INTERNATIONAL CORP.

1026 S. 66th STREET
HANGAR 33
ENID, OKLAHOMA 73701
website: www.asic.aero



Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Diploma: _____

Other: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Diploma: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Would you be willing to sign a consent form allowing **ASIC** to send a
“Release of Information Form” to this previous employer? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Would you be willing to sign a consent form allowing **ASIC** to send a
“Release of Information Form” to this previous employer? Yes No

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Previous Employment (Cont.)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Would you be willing to sign a consent form allowing **ASIC** to send a "Release of Information Form" to this previous employer? Yes No

Military Service

Branch: _____ Date Entered Service: _____ Discharge Date: _____

Career Field / MOS: _____

Rank at Discharge: _____ Type of Discharge: _____

If Other than Honorable, explain: _____

Skills

Describe any specialized skills or training you have received that may help you with the position you are applying for:

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References

Please list at least three Professional References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer & Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____