

Equal Opportunity Employer



WINNER AVIATION CORPORATION  
APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Date: \_\_\_\_\_

Name

Social Security Number

Street

City

State

Zip Code

Area Code

Business Telephone

Area Code

Home Telephone

**Winner Aviation requires pre-employment drug testing for all positions.** A negative test result, signed by the Corporate Health Medical Review Officer, is the only acceptable report. The job offer will be rescinded in the event of a positive result, an inconclusive result or refusal to submit to pre-employment drug testing.

***Safety sensitive positions*** are tested using Federal requirements and standards. Winner Aviation adheres to all FAA alcohol and drug program requirements. Substances you will be tested for are: Marijuana, Cocaine, Opiates, PCP and Amphetamines. ***Non-safety positions*** will be tested for: Cocaine, Opiates, Amphetamines, PCP, Barbituates, Cannabinoids, Benzodiazapines and Propoxyphene.

**TYPE OF WORK DESIRED:**

Indicate the position for which you are applying \_\_\_\_\_

Do you wish to work:     Full Time;     Part Time;     Temporarily? If part time, specify hours or days: \_\_\_\_\_

What is your minimum *weekly* salary requirement? \_\_\_\_\_

Date available for work \_\_\_\_\_

Do you have any other commitments to another employer that might affect your employment with us? \_\_\_\_\_

Are you available for weekend, second and/or third shift work? \_\_\_\_\_

**SKILLS:**

Typing Speed \_\_\_\_\_ words per minute; Steno speed \_\_\_\_\_ words per minute

Can you transcribe machine dictation? \_\_\_\_\_

Business machines you can operate \_\_\_\_\_

Other \_\_\_\_\_

**EDUCATIONAL DATA:**

School	Print Name, Number and Street, City, State and Zip Code for each School Listing	#of Years Completed	Degree, Major or Type of Course
High School	_____ _____	_____	_____
College	_____ _____	_____	_____
Graduate School	_____ _____	_____	_____
Trade, Bus., Night or Corres.	_____ _____	_____	_____
Other	_____ _____	_____	_____

**MILITARY EXPERIENCE:**

Were you in U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Separation: \_\_\_\_\_

Briefly describe your duties \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List present employer or most recent employer first (use other side of this application, if necessary).

May we contact these employers?  yes  no

Employer \_\_\_\_\_ Employed From: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ To: \_\_\_\_\_ Your Job Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Salary Starting: \_\_\_\_\_ Duties \_\_\_\_\_  
Ending: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Employed From: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ To: \_\_\_\_\_ Your Job Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Salary Starting: \_\_\_\_\_ Duties \_\_\_\_\_  
Ending: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Employed From: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ To: \_\_\_\_\_ Your Job Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Salary Starting: \_\_\_\_\_ Duties \_\_\_\_\_  
Ending: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Employed From: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ To: \_\_\_\_\_ Your Job Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Salary Starting: \_\_\_\_\_ Duties \_\_\_\_\_  
Ending: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**GENERAL INFORMATION:**

Are you legally authorized to work in the United States?       yes       no

Are you below the age of 18?       yes       no

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation?       yes       no, If yes, explain \_\_\_\_\_

Have you ever been convicted of a criminal offense?      Date \_\_\_\_\_ Place \_\_\_\_\_  
Nature \_\_\_\_\_ (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Have you previously applied for employment here?       yes       no      If yes, when? \_\_\_\_\_

Have you previously been employed by this company or its subsidiaries?       yes       no      If yes, when? \_\_\_\_\_

**REFERENCES** (Not employers or relatives - at least three)

Name and Address	Occupation	Phone

Person to be notified in case of emergency:  
Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGREEMENT:**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also 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.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance of promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

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Signature

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Date

\*\*\*Please Note: This application was designed for use by applicants for various positions ---clerical, professional, technical, and administrative. Answer the questions to the best of your ability. All information will be treated confidentially.