



READ BEFORE COMPLETING APPLICATION

The following are required for employment at AVIATION REPAIR TECHNOLOGIES', LLC:

1. You must be able to provide 10 years verifiable employment history or educational documentation.
2. You will be required to submit and pass a pre-employment drug screening, as well as random drug screenings throughout your employment with ART.
3. You must be willing to allow ART to hold your final paycheck (upon separation) until the return of all company provided property, airport ID, etc., has been verified.
4. You must provide a resume and any industry licenses or training records prior to employment.

I, _____ have read and understand the requirements listed above. By signing this document, I acknowledge that I can fulfill the mentioned requirements and that the information I have provided is truthful and correct.

Signature

Date

Please fax completed application to 870-532-6624



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

It is the policy of Aviation Repair Technologies to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, gender, age, national origin, physical or mental handicap, or veteran status.

Note: Please print neatly and use blue or black ink. An illegible application may preclude you from consideration.

Position Applying For: _____
(Must have a position listed. No applications will be accepted with "ANY.")

Personal Information

Last Name First Name Middle Initial

Current Address:

Street and Apt # City State Zip

Telephone: _____ Alternate: _____

Social Security: _____ Email: _____

Are you able at the time of employment to submit verification of your legal right to work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Type of work desired: Full Time Part Time (Specify Hours) _____

Are you willing to work overtime? _____ Available Date: _____

Have you ever applied or been employed by AVIATION REPAIR TECHNOLOGIES before? _____ If yes, please provide dates of application and/or employment, location, and reason for leaving. _____

Do you have any relatives or members of your household who are current or former employees of AVIATION REPAIR TECHNOLOGIES? _____ If yes, please provide name, relationship, and work location. _____

Have you ever committed an act of violence in the workplace? _____ If yes, please explain. _____

NOTE: A yes answer will not necessarily disqualify you from employment. AVIATION REPAIR TECHNOLOGIES will consider all circumstances.



EMPLOYMENT HISTORY

Present or Most Recent Employer

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

Your Position: _____ Job Duties: _____

Dates of Employment: _____ to _____ Supervisor: _____ Telephone: _____

May we contact your present employer? Yes No

Prior Employer:

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

Your Position: _____ Job Duties: _____

Dates of Employment: _____ to _____ Supervisor: _____ Telephone: _____

Prior Employer:

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

Your Position: _____ Job Duties: _____

Dates of Employment: _____ to _____ Supervisor: _____ Telephone: _____

Prior Employer:

Employer: _____ Address: _____

City: _____ State: _____ Zip: _____

Your Position: _____ Job Duties: _____

Dates of Employment: _____ to _____ Supervisor: _____ Telephone: _____



REFERENCES

Please list three individuals as references that you have known for at least five years. Do not list relatives.

• Name: _____ Phone Number: _____

City: _____ State: _____

• Name: _____ Phone Number: _____

City: _____ State: _____

• Name: _____ Phone Number: _____

City: _____ State: _____

APPLICANT CERTIFICATION

I certify that all information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action up to and including immediate dismissal.

I understand that AVIATION REPAIR TECHNOLOGIES LLC has a drug free workplace and a drug testing program consistent with federal, state, and local law. I understand that if a pre-employment drug screen is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with federal, state, and local law. I also understand that employees of AVIATION REPAIR TECHNOLOGIES LLC pursuant to federal, state, and local laws may be subject to urinalysis and/or blood screening or other medically recognized tests to determine the presence of controlled substances. If employed, I understand that the subjection to drug tests is a condition of continual employment and I agree to undergo drug testing consistent with AVIATION REPAIR TECHNOLOGIES LLC's policies and applicable federal, state, and local laws.

If employed by AVIATION REPAIR TECHNOLOGIES LLC, I understand and agree that AVIATION REPAIR TECHNOLOGIES LLC, to the extent permitted by federal, state, and local law, may exercise its right, without previous warning, to conduct investigations of property (including but not limited to files, lockers, desk, vehicles, and computers) and, in certain circumstances, my personal property.

I UNDERSTAND THAT NEITHER THIS APPLICATION, NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE, OR DOES CREATE, A CONTRACT OF EMPLOYMENT OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY AVIATION REPAIR TECHNOLOGIES LLC, EMPLOYMENT IS ON AN AT-WILL BASIS. THIS MEANS AVIATION REPAIR TECHNOLOGIES LLC IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCED NOTICE, IN ACCORDANCE WITH STATE LAW.

IN ADDITION, ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE COMPANY AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF AVIATION REPAIR TECHNOLOGIES LLC AND MYSELF. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF AVIATION REPAIR TECHNOLOGIES LLC, AND I UNDERSTAND THAT AVIATION REPAIR TECHNOLOGIES LLC, HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICIES OF EMPLOYMENT AT-WILL.



I authorize AVIATION REPAIR TECHNOLOGIES LLC or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete any requisite forms for the background investigation.

I understand that AVIATION REPAIR TECHNOLOGIES hires only individuals who are legally eligible to work in the United States.

Applicant Signature: _____ Date: _____