

**MCFARLANE AVIATION, INC.**  
**APPLICATION FOR EMPLOYMENT**

(An Equal Opportunity Employer)

Return this form to:  
696 E 1700 RD  
Baldwin City, KS 66006

Instructions: If you need help to fill out this form or for any phase of the employment process,  
please notify the person that gave you this form.

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Alternate Phone (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Social Security Number  
(if submitting by email do not include)

APPLICANT NOTE: This application form is intended for use in assisting us in evaluating your qualifications for employment. This is not an employment contract employment is at will. Please print all answers and answer all questions truthfully and completely. Any person found to have intentionally misrepresented or omitted any material fact herein, will automatically be disqualified from further consideration for employment. All qualified applicants will receive consideration for employment without discrimination based on age, sex, national origin or any other protected classification. A prior felony conviction will not automatically disqualify you from employment. Only felony's relevant to the position applied for need to be listed.

Additional testing of skills directly related to essential job functions and testing for the presence of drugs or alcohol in your body may be required prior to employment.

Are you prevented from lawfully being employed in this country because of your visa or immigration status? \_\_\_\_ Yes \_\_\_\_ No

I attest, under penalty or perjury, that I am (check one):

- \_\_\_\_ 1. A citizen or national of the United States  
\_\_\_\_ 2. An alien lawfully admitted for permanent resident (Alien Number) A  
\_\_\_\_ 3. An alien authorized by the immigration and naturalization service to work in the United States (Alien Number) A

Have you applied here before? \_\_\_\_ Yes \_\_\_\_ No If so, what position and when?

For which position are you applying? \_\_\_\_\_ Salary desired?

How did you hear about this position?

What would you prefer? \_\_\_\_ Full-time \_\_\_\_ Part-time When can you start?

For which schedules are you available? \_\_\_\_ Weekdays \_\_\_\_ Saturdays \_\_\_\_ Overtime \_\_\_\_ 2<sup>nd</sup> Shift

Have you used any names or Social Security Numbers other than those you have listed?

If yes, please list

Have you had your driver's license or privileges revoked or suspended in the past 5 years?

Have you had any auto insurance refuse or cancel coverage in the past 5 years?

Have you ever been convicted of a felony?

If so, please describe below. Listing the incident, city/state it occurred and the charge.

### EDUCATION

	High School	College/University/Technica 1	Graduate/Professional
High School Name Location			
Years Completed or Credit Hours Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	Diploma GED		
Course of Study Major and Minor			
Describe Specialized Training, Apprenticeship, Skills and Extracurricular Activities			

GPA: \_\_\_\_\_ max GPA for \_\_\_\_\_ school is \_\_\_\_\_

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SAT or ACT Score: \_\_\_\_\_

Additional Comments on Education: \_\_\_\_\_

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## EMPLOYMENT HISTORY

List All employers in order with the last or present employer(s) first. Since we will make every effort to contact previous employers, please provide the correct telephone numbers and complete addresses and/or fax numbers.

Name, Address and Telephone Number	Dates of Employment From / / To / /	Annual Salary Job Title
	Are you currently working for this employer? Yes No	If yes, may we contact? Yes No
	Supervisor's Name	
	Reason for Leaving:	
Principle Duties:		

Name, Address and Telephone Number	Dates of Employment From / / To / /	Annual Salary Job Title
	Are you currently working for this employer? Yes No	If yes, may we contact? Yes No
	Supervisor's Name	
	Reason for Leaving:	
Principle Duties:		

Name, Address and Telephone Number	Dates of Employment From / / To / /	Annual Salary Job Title
	Are you currently working for this employer? Yes No	If yes, may we contact? Yes No
	Supervisor's Name	
	Reason for Leaving:	
Principle Duties:		

Explanation for any time lapses between jobs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you enjoy most of any of your jobs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you least enjoy of any of your jobs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why should we hire you? List your three best qualities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to work at McFarlane Aviation Products?

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**PERSONAL REFERENCES**

Name	Address	Phone	Years Known	Relationship	Occupation

**CERTIFICATION/RELEASE**

"I certify that I have read and understand the applicant note on the front page of this form and that all answers given by me herein are true and correct to the best of my knowledge and belief. Falsifications or omissions are grounds for failure to hire or for termination. I hereby authorize McFarlane Aviation, Inc., its agents and servants, and any credit reporting agency, to verify any information set forth herein including, but not limited to, my criminal history, both prior to and during my employment therewith. I further authorize all persons, schools, former employers and law enforcement agencies to release such information as McFarlane Aviation, Inc. may request concerning my past, and do hereby release such person, school, former employer and law enforcement agencies from any liability or damages which may result therefrom. I understand that the use of illegal drugs is prohibited during my employment and do hereby submit to drug testing by or at the direction of the company to detect the presence of drugs in my body, both prior to and during my employment therewith."

Signature \_\_\_\_\_ Date \_\_\_\_\_