



23413 66<sup>TH</sup> Avenue South  
 Kent, WA 98032-1800  
 (253) 395-9535  
 (253) 395-9541 - fax

**APPLICATION FOR EMPLOYMENT**  
 An Equal Opportunity Employer

|                              |   |                             |            |
|------------------------------|---|-----------------------------|------------|
| <b>Today's Date</b>          |   |                             |            |
| <b>Applicant Name</b>        |   |                             |            |
| <b>Address/Street</b>        |   |                             |            |
| <b>City</b>                  |   | <b>State</b>                | <b>Zip</b> |
| <b>Phone Number</b>          |   | <b>Email Address</b>        |            |
| <b>Position Applying For</b> |   | <b>Minimum Starting Pay</b> |            |
| <b>Referral Source</b>       | <input type="checkbox"/> Indeed.com <input type="checkbox"/> Worksource/Monster.com <input type="checkbox"/> Craigslist<br><input type="checkbox"/> Walk In <input type="checkbox"/> Trade School _____ <input type="checkbox"/> Employee _____ |                             |            |

|   |   |
|---|---|
| Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you a U.S. Citizen or legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Date you are able to start work: _____<br>Pay Expected: \$ _____ per _____<br>Able to work:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary<br>Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>License # _____<br>State of Issue _____ Expiration _____ | Have you previously applied with us? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>When _____<br>Have you previously worked with us? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>When _____<br>Are any of your records under a different name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, what name _____<br>Do you have any relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, who? _____ |
|---|---|

**EDUCATION**

| School Level     | Name/Location | Graduate   | Course of Study/Degree |
|------------------|---------------|--|------------------------|
| High School      |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| College          |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |
| Technical School |               | <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |

**MILITARY EXPERIENCE**

|                           |  |                     |  |                          |  |
|---------------------------|--|---------------------|--|--------------------------|--|
| <b>Branch of Service</b>  |  | <b>Dates Served</b> |  | <b>Rank at Discharge</b> |  |
| <b>Education/Training</b> |  |                     |  |                          |  |
|                           |  |                     |  |                          |  |

### SKILLS AND ABILITIES

- |  |   |
|--|---|
| <input type="checkbox"/> Typing _____wpm   | <input type="checkbox"/> Forklift Certification Expires _____ |
| <input type="checkbox"/> Ten Key by Touch  | <input type="checkbox"/> A & P License Year obtained _____    |
| <input type="checkbox"/> Personal Computer | Other _____   |

Other Equipment/Machinery you are skilled in using:

\_\_\_\_\_

\_\_\_\_\_

### WORK EXPERIENCE

Please list all previous employment for the past 10 years, beginning with the most recent. If you need more room you may attach another sheet of paper

**Have you worked for the FAA (Federal Aviation Administration)?**     Yes     No

**In the preceding two (2) years:**

**1. Did you serve or have direct responsibility for oversight of, a Flight Standards Service Aviation Safety Inspector; and**     Yes     No     N/A

**2. Have direct responsibility to inspect or oversee the inspection of the operations of this repair station**     Yes     No     N/A

|                                 |  |                 |                  |   |  |
|---------------------------------|--|-----------------|------------------|---|--|
| <b>Present or Last Employer</b> |  |                 |                  |   |  |
| <b>Address</b>                  |  |                 |                  |   |  |
| <b>City</b>                     |  | <b>State</b>    |                  | <b>Zip</b>  |  |
| <b>Phone Number</b>             |  |                 | <b>Job Title</b> |   |  |
| <b>Start Date</b>               |  | <b>End Date</b> |                  | <b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Supervisor's Name</b>        |  |                 | <b>Title</b>     |   |  |
| <b>Duties</b>                   |  |                 |                  |   |  |
| <b>Reason for Leaving</b>       |  |                 |                  |   |  |

|                           |  |                 |                  |   |  |
|---------------------------|--|-----------------|------------------|---|--|
| <b>Previous Employer</b>  |  |                 |                  |   |  |
| <b>Address</b>            |  |                 |                  |   |  |
| <b>City</b>               |  | <b>State</b>    |                  | <b>Zip</b>  |  |
| <b>Phone Number</b>       |  |                 | <b>Job Title</b> |   |  |
| <b>Start Date</b>         |  | <b>End Date</b> |                  | <b>May we contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>Supervisor's Name</b>  |  |                 | <b>Title</b>     |   |  |
| <b>Duties</b>             |  |                 |                  |   |  |
| <b>Reason for Leaving</b> |  |                 |                  |   |  |

|                           |  |                 |                  |                        |  |
|---------------------------|--|-----------------|------------------|------------------------|--|
| <b>Previous Employer</b>  |  |                 |                  |                        |  |
| <b>Address</b>            |  |                 |                  |                        |  |
| <b>City</b>               |  | <b>State</b>    |                  | <b>Zip</b>             |  |
| <b>Phone Number</b>       |  |                 | <b>Job Title</b> |                        |  |
| <b>Start Date</b>         |  | <b>End Date</b> |                  | <b>May we contact?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Supervisor's Name</b>  |  |                 | <b>Title</b>     |                        |  |
| <b>Duties</b>             |  |                 |                  |                        |  |
|                           |  |                 |                  |                        |  |
|                           |  |                 |                  |                        |  |
|                           |  |                 |                  |                        |  |
| <b>Reason for Leaving</b> |  |                 |                  |                        |  |

|                           |  |                 |                  |                        |  |
|---------------------------|--|-----------------|------------------|------------------------|--|
| <b>Previous Employer</b>  |  |                 |                  |                        |  |
| <b>Address</b>            |  |                 |                  |                        |  |
| <b>City</b>               |  | <b>State</b>    |                  | <b>Zip</b>             |  |
| <b>Phone Number</b>       |  |                 | <b>Job Title</b> |                        |  |
| <b>Start Date</b>         |  | <b>End Date</b> |                  | <b>May we contact?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Supervisor's Name</b>  |  |                 | <b>Title</b>     |                        |  |
| <b>Duties</b>             |  |                 |                  |                        |  |
|                           |  |                 |                  |                        |  |
|                           |  |                 |                  |                        |  |
|                           |  |                 |                  |                        |  |
| <b>Reason for Leaving</b> |  |                 |                  |                        |  |

|                           |  |                 |                  |                        |  |
|---------------------------|--|-----------------|------------------|------------------------|--|
| <b>Previous Employer</b>  |  |                 |                  |                        |  |
| <b>Address</b>            |  |                 |                  |                        |  |
| <b>City</b>               |  | <b>State</b>    |                  | <b>Zip</b>             |  |
| <b>Phone Number</b>       |  |                 | <b>Job Title</b> |                        |  |
| <b>Start Date</b>         |  | <b>End Date</b> |                  | <b>May we contact?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Supervisor's Name</b>  |  |                 | <b>Title</b>     |                        |  |
| <b>Duties</b>             |  |                 |                  |                        |  |
|                           |  |                 |                  |                        |  |
|                           |  |                 |                  |                        |  |
|                           |  |                 |                  |                        |  |
| <b>Reason for Leaving</b> |  |                 |                  |                        |  |

**PROFESSIONAL REFERENCES**

List those who are familiar with your work experience (other than those listed above in your employment history)

|              |  |                                   |  |
|--------------|--|-----------------------------------|--|
| <b>Name</b>  |  | <b>Phone Number</b>               |  |
| <b>Title</b> |  | <b>Organization/<br/>Business</b> |  |
| <b>Name</b>  |  | <b>Phone Number</b>               |  |
| <b>Title</b> |  | <b>Organization/<br/>Business</b> |  |
| <b>Name</b>  |  | <b>Phone Number</b>               |  |
| <b>Title</b> |  | <b>Organization/<br/>Business</b> |  |

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|  |
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**Please read carefully before signing**

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or termination.

I authorize Pacific Aero Tech, LLC to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and Pacific Aero Tech, LLC from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Pacific Aero Tech, LLC

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.

In the event of my employment I will comply with all Pacific Aero Tech, LLC rules, regulations, and policies

I understand and agree that, if hired that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck any amount necessary to satisfy any unpaid obligation.

I hereby acknowledge that I have read and understand the preceding statements.

|                  |  |
|------------------|--|
| <b>Signature</b> |  |
| <b>Date</b>      |  |

**Return Application to:** Human Resources Department  
Pacific Aero Tech, LLC  
23413 66<sup>th</sup> Avenue South  
Kent, WA 98032-1800  
**Fax:** 253-395-9541  
**Email:** careers@pacificaerotech.com