



Interface Air Repair, Inc. is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Application For Employment

Personal Information

Name

Address	City	State	Zip
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Phone Number	Mobile Number	Email Address
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Position

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired Full Time Part Time Seasonal/Temporary

Hours of Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Are you available to work overtime, if necessary? Yes No

Have you ever applied to or worked for **Interface Air Repair, Inc.** before? Yes . . . When No

Do you have any friends or relatives working for **Interface Air Repair, Inc.** before? Yes No

If yes, state name(s) & relationships:	Name	Relationship

Are you 18 years old? (If under 18, hire is subject to verification you are of minimum legal age) Yes No

Do you have a reliable means of transportation to and from work? Yes No

Can you present evidence of your U.S. citizenship or proof of your legal right to work in this country? Yes No

Are you able to perform the essential functions of the job you're applying for with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed and any accommodations required.

(Note: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examinations, and to skill and agility tests.)

Do you speak, write, or understand any foreign languages? Yes . . . Which: No

Why do you want to work at **Interface Air Repair, Inc.**?

Education

School Name	Location	Years Attended	Degree Received	Major

Employment History

Employer (1)		Job Title		Start Date
Work Phone		Responsibilities:		End Date
Address		City	State	Zip
Reason for Leaving?			May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer (2)		Job Title		Start Date
Work Phone		Responsibilities:		End Date
Address		City	State	Zip
Reason for Leaving?			May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer (3)		Job Title		Start Date
Work Phone		Responsibilities:		End Date
Address		City	State	Zip
Reason for Leaving?			May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer (4)		Job Title		Start Date
Work Phone		Responsibilities:		End Date
Address		City	State	Zip
Reason for Leaving?			May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Experience, Training , Qualifications, or Skills (Describe below)

References

Name	Title	Company	Phone

Please Carefully Read, Initial Each Paragraph, and then Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of the application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporation, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Initials

I understand that Interface Air Repair, Inc. is a Federal Aviation Administration (FAA) approved repair station subject to the regulations of the FAA, including but not limited to, mandatory pre-employment and random drug [Marijuana, Cocaine, Opiates, Phencyclidine (PCP), Amphetamines, MDMA (Ecstasy), 6-Acetylmorphine (Heroin)] and alcohol testing.

Initials

I understand that Interface Air Repair, Inc. as a Federal Aviation Administration (FAA) approved repair station, for the purpose of safety-sensitive transportation work covered by Department of Transportation (DOT 14 CFR 40.25J), is required by FAA regulation to ask the following questions:

Please check the appropriate box.

During the past two (2) years, have you ever tested **POSTIVE** for any of the following:

Pre-employment Drug Test Yes No
Drug Test Yes No
Alcohol Test Yes No

During the past two (2) years, have you ever **REFUSED** to test for any of the following:

Pre-employment Drug Test Yes No
Drug Test Yes No
Alcohol Test Yes No

Initials

I understand that under Federal Aviation Administration (FAA) requirements, employees of Interface Air Repair, Inc. must understand English and are required to speak and write in English during working hours.

Initials

I understand that Interface Air Repair, Inc. uses Close Circuit Television (CCTV) as part of their security and fire alarm system.

Signature Disclaimer

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.

Name (Please Print)

Signature

Date