



INDUSTRIES

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status sexual orientation or any other legally protected status.

PLEASE PRINT

Position Applied For:		Date
How Did You Learn About Us? ? Advertisement ? Friend ? Walk-In ? Relative ? Employment Agency ? Other		
Last Name	First Name	Middle Name
Social Security Number	Phone (Home)	Cell Number
Address: Number/Street	City	State Zip
Date of Birth:		
Are you legally authorized to work in the United States on a full time basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, give date of prior application: _____	Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If yes, give date(s) of employment: _____	Yes	No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you available to work all shifts?	Yes	No
Can you travel if the job requires it?	Yes	No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any felony charges pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you perform the essential functions of the job for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education/Skills:

School Name/Address	Course of Study	Years Completed	Diploma/Degree
University			
College			
High School			
Other			

Professional Certificates/Licenses:

Type	Date	Number

List Professional, Trade, Volunteer, Business, Civic Activities and Offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry disability or other protected status:

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Employment Experience:

Start with your present or last job; include any job-related military service assignments. If you need additional space use a separate sheet of paper; sign and attach it to application. Please list all job related experience over the past ten years.

Employer/Address		Phone Number(s)	
Job Title	Dates Employed	Supervisor's Name	Pay Rate
	From: _____ To: _____		Start _____ Final _____
Reason for leaving:			
Employer/Address		Phone Number(s)	
Job Title	Dates Employed	Supervisor's Name	Pay Rate
	From: _____ To: _____		Start _____ Final _____
Reason for leaving:			
Employer/Address		Phone Number(s)	
Job Title	Dates Employed	Supervisor's Name	Pay Rate
	From: _____ To: _____		Start _____ Final _____
Reason for leaving:			

Optional:

Any Other Information that you want to list that would be important to your performance of the job:

STAP Industries Is An Employer At-Will:

Under this ruling an employee is hired for an indefinite period of time without an employment contract and may be terminated at will by the employer without restriction. Employees are free to quit at any time and for any reason.

Drug Test? Required: Required: X

The Federal Aviation Administration (FAA) requires that a drug test be conducted in the manner prescribed by the Administration. The drug test will be requested after a conditional offer of employment is made. Failure to pass this test or sign the written authorization will result in a withdrawal of the offer of employment.

Authorization:

I understand that my signature authorizes STAP Industries to obtain information about me from my previous employers, schools, and credit sources. I authorize my previous employers, schools that I have attended and all credit sources to disclose such information about me that may be requested by STAP Industries.

I **certify** that the information contained in this application is true and complete to the best of my knowledge. I understand that any false information on this application will be grounds for not hiring me or will result in disciplinary action up to and including termination of employment.

Applicant's Signature: _____

Date: _____