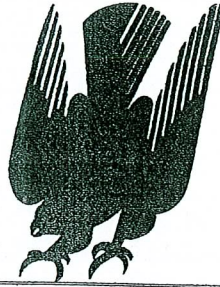


**Falcon Crest**  
Aviation Supply, Inc.



**Falcon Crest**  
Accessories, Inc.

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8318 BRANIFF • HOUSTON, TEXAS 77061 • (713) 644-2290 • NATIONAL WATS 1-800-833-5422  
FAX (713) 644-0356

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_

Date \_\_\_\_\_

Position Applied for \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with This Company. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. This company does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status, or disability. You may request assistance in completing this application.*

## PERSONAL

Name \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Street \_\_\_\_\_ Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

If younger than 18, state age here \_\_\_\_\_ Are you legally entitled to work in the United States?  yes  no

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Answer these for all positions requiring the use of a vehicle:

Have you ever been convicted of a moving traffic violation?  yes  no If yes, list all here \_\_\_\_\_

Have your driving privileges ever been revoked or suspended?  yes  no If yes, list all here \_\_\_\_\_

Do you have a Commercial driving license?  yes  no

\*\*Compliance with I-9 requirements is mandatory, upon employment

## EDUCATION

High School (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_ G.E.D. Obtained? \_\_\_\_\_ Grade Average \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ If attending, date of graduation \_\_\_\_\_

Other Education \_\_\_\_\_

Awards, Honors, Leadership Roles: \_\_\_\_\_

MILITARY  not applicable

List service in U.S. Military: From \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Military experience that may be applicable: \_\_\_\_\_

## GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (Examples: lathe, grinder, forklift, typewriter, adding machine, computers, calculators, etc.): \_\_\_\_\_

2. Were you previously employed by this company? \_\_\_\_\_ If yes, when \_\_\_\_\_ to \_\_\_\_\_

3. Are you willing to relocate? \_\_\_\_\_ If yes, state location preferred \_\_\_\_\_

4. Salary Expected \_\_\_\_\_ hour \_\_\_\_\_ or week \_\_\_\_\_ Number of hours you are available per week? \_\_\_\_\_  No preference

5. Type of Employment sought:  regular full time  regular part time  temporary  seasonal  as needed
6. Which of these times are you available: Days:  yes  no      Nights:  yes  no  
Weekends:  yes  no      Holidays:  yes  no
7. Indicate hours you are available to work on the following days (or check Anytime, if you have no restrictions)
- |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Monday                           | Tuesday                          | Wednesday                        | Thursday                         | Friday                           | Saturday                         | Sunday                           |
| _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   |
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime |
8. Do you have any relatives currently in the employ of this company:  yes  no
9. Are you able and willing to perform the essential functions of the job for which you are applying; including travel, if necessary?  yes  no  don't know
- If no, indicate reason:  need different hours  need different days  need more training,  
Other, (explain) \_\_\_\_\_

.....

**EXPERIENCE**

List below all present and past employment, beginning with your most recent employer

1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_
- ...
2. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_
- ...
3. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_
- ...
4. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

In the following space , please describe briefly why you are applying for this position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed here.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and that this application is not a contract of employment with This Company, and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either This Company or me. I understand that no representative of This Company has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of this company may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and an officer of This Company.
- V. I understand that I may be required to submit to a pre-employment, and post-employment test for fitness, honesty and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize This Company to withhold from my final pay check any monies owed to them by me.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INSTRUCTIONS TO APPLICANT: COMPLETE ONLY THE SECTION(S) MARKED

AUTHORIZATION FOR CRIMINAL RECORD CHECK

I am being considered for employment. I authorize their employer representative to conduct a criminal record check. My signature below is a request to any local, state, or federal law enforcement agency to release whatever information is requested by the employer representative.

Signature \_\_\_\_\_  
PRINT NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
STREET/ADDRESS \_\_\_\_\_ P. O. BOX/APT. # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AUTHORIZATION FOR FINANCIAL RECORD CHECK

I understand that as a routine part of the selection process the employer will make an inquiry of a credit bureau to determine if I have a financial disability.

Sign Here \_\_\_\_\_

AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECK

Please list below two business references who can attest to your skills, knowledge and experience, that will contribute to your success in the position for which you are applying.

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
TELEPHONE( ) _____	TELEPHONE( ) _____
OCCUPATION _____	OCCUPATION _____

# REFERENCE REQUEST

Date \_\_\_\_\_

I have applied to \_\_\_\_\_ for employment, and I desire that they be fully advised of my record with former employers. I, therefore respectfully request that you furnish the necessary information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

\_\_\_\_\_  
SIGNATURE OF APPLICANT (To be signed in ink)

Attention					
Company Name		Name	Social Security Number		
Street Address		Employment Dates		Department/Supervisor	
City	State	Zip Code	Last Position Held		Salary

Are employment dates correct? If not, please supply correct dates. <input type="checkbox"/> Yes <input type="checkbox"/> No    From _____ To _____		Nature of applicant's work:	
Was applicant required to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was applicant safe driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were driving privileges ever suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did applicant have any vehicle accidents while in your employ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did applicant's position entail paper work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, was it: <input type="checkbox"/> Complete <input type="checkbox"/> Accurate <input type="checkbox"/> Neat <input type="checkbox"/> Timely	
Did applicant have custody of: <input type="checkbox"/> Money <input type="checkbox"/> Equipment <input type="checkbox"/> Valuables		Were all properly accounted for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did applicant take proper care of equipment/tools etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was applicant absent? <input type="checkbox"/> Never or Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Repeatedly			
Reason for Separation: <input type="checkbox"/> Laid off <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Other			
Would you re-employ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, please explain	

	Excellent	Good	Fair	Poor		Excellent	Good	Fair	Poor
Honesty	_____	_____	_____	_____	Personal Habits	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	Driving Skills	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	Attitude Toward	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	Company	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____					
Remarks	_____								
	_____								
	_____								
	_____								

For \_\_\_\_\_  
Name of Company

Date \_\_\_\_\_ By \_\_\_\_\_  
Signature & Title

We shall appreciate your replies to the above questions. All information will be held in strict confidence for our own use and benefit, without prejudice or liability on your part. A stamped, self-addressed envelope is enclosed for your convenience.

HUMAN RESOURCES DEPARTMENT



# FALCON CREST ACCESSORIES, INC.

FAA REPAIR STATION NO. GP2R854K

8318 BRANIFF

HOUSTON, TEXAS 77061

(713) 644-2290

TEXAS WATS 1-800-833-5422

FAX (713) 644-0356

## DRUG/ALCOHOL PRE-EMPLOYMENT DISCLOSURE STATEMENT

I \_\_\_\_\_, in consideration of employment with Falcon Crest Accessories, Inc. hereby voluntarily disclose that I:

\_\_\_\_\_ Have

\_\_\_\_\_ Have not

tested positive for drugs and/or alcohol when seeking employment and/or while employed by a company regulated by the Department of Transportation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Falcon Crest**  
**Aviation Supply, Inc.**



**Falcon Crest**  
**Accessories, Inc.**

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FAX (713) 644-0356

**APPLICATION FOR EMPLOYMENT**

**ATTACHMENT 1**

**PHYSICAL RECORD**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, please explain:

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If yes, what can be done to accommodate your limitations:

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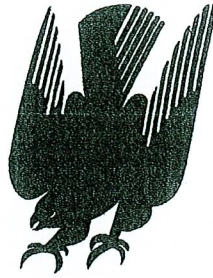
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FALCON CREST  
Aviation Supply, Inc.



FALCON CREST  
Accessories, Inc.

**DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) I understand that consumer reports which may contain public record information may be requested from Associated Services, Inc. (ASI) These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, education, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies which maintain such records.

**I AUTHORIZE, WITHOUT RESERVATION; ANY PARTY OR AGENCY CONTACTED BY ASSOCIATED SERVICES TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to ASI, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me which ASI has previously furnished within the two year period preceding my request.

I hereby authorize procurement of consumer report(s). If hired (or contracted) this authorization shall remain on file and shall serve as ongoing authorization for you to obtain consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**COUNTY OF RESIDENCE**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**CURRENT ADDRESS**

\_\_\_\_\_  
**PREVIOUS ADDRESS**

\_\_\_\_\_  
**CITY & STATE**

\_\_\_\_\_  
**CITY & STATE**

\_\_\_\_\_  
**PRINT YOUR NAME**

\_\_\_\_\_  
**DRIVERS LIC# AND STATE**

\_\_\_\_\_  
**APPLICANTS SIGNATURE**

\_\_\_\_\_  
**DATE**

NOTE: Date of birth will be used exclusively by ASI for identification purposes only

Fax (713) 895-8432

Phone (713) 461-7381