



APPLICATION FOR EMPLOYMENT

(EAA IS AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL

SOCIAL SECURITY NUMBER: _____ DATE: _____

NAME: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE NO. _____ HOME _____ MOBILE _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No (Proof of eligibility will be required upon hire)

Have you ever been convicted of a felony or misdemeanor crime? ☐ Yes ☐ No

If yes, explain: _____

Are you at least 18 years of age? _____ Are you currently employed? ☐ Yes ☐ No

*You will not be denied employment due to a conviction record only, unless the offense is related to job for which you have applied.

EMPLOYMENT DESIRED

POSITION(S) _____ DATE AVAILABLE _____ DESIRED SALARY _____

HOW WERE YOU REFERRED TO US? _____

HAVE YOU EVER APPLIED TO EAA BEFORE? _____

HAVE YOU EVER BEEN EMPLOYED BY EAA? _____

If yes, list position and dates employed _____

APPLYING FOR: (CHECK ALL THAT APPLY)

☐ FULL-TIME ☐ TEMPORARY

☐ PART-TIME ☐ SUMMER

☐ 1ST ☐ 2ND ☐ 3RD SHIFT

☐ WEEKENDS/ HOLIDAYS

SKILLS

DO YOU TYPE? ☐ Yes _____ words per min. ☐ No

COMPUTER EXPERIENCE

PC _____

MAC _____

Other _____

SOFTWARE EXPERIENCE

MS Office _____ PhotoShop _____

Power Point _____ Front Page _____

Access _____

Other _____

OFFICE SKILLS

Data Entry _____

10-key _____

Filing _____

Other _____

SUPERVISORY EXPERIENCE

☐ Yes If yes,

☐ No explain:

PROFESSIONAL GOALS (YOUR PROFESSIONAL PLANS AND/OR GOALS FOR THE FUTURE)

EDUCATION/TRAINING

Name	City/ State	# of Years completed	Did you graduate?	GPA/ Rank	Degree/ Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Schools			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

LIST SCHOLASTIC HONORS, SCHOLARSHIPS, OFFICES HELD, AND ACTIVITIES IN HIGH SCHOOL/ COLLEGE:

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LIST ANY SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, SUBJECTS OF SPECIAL STUDY AND RESEARCH WORK, PATENTS, LICENSES (TYPES AND STATES IN WHICH HELD) , PROFESSIONAL REGISTRATIONS AND SIMILAR ITEMS WHICH YOU FEEL FURTHER QUALIFIES YOU FOR THE POSITION YOU SEEK OR WOULD BE OF GENERAL VALUE TO EAA IN EVALUATING YOUR OVERALL QUALIFICATIONS:

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LIST SKILLS ACQUIRED IN MILITARY SERVICE, VOLUNTEER WORK, OR ELSEWHERE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING:

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ARE YOU CURRENTLY ATTENDING OR PLANNING TO PURSUE FURTHER STUDIES? ☐ Yes ☐ No ☐ Days ☐ Nights
IF YES, WHEN/ WHERE/ WHAT COURSES:_____

LIST ANY ADDITIONAL SKILLS/ EXPERIENCE THAT YOU WOULD LIKE US TO CONSIDER:

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REFERENCES

PLEASE LIST NAMES AND TELEPHONE NUMBERS OF THREE (3) BUSINESS/WORK REFERENCES (**NOT** RELATIVES)
IF NOT APPLICABLE, LIST THREE (3) SCHOOL REFERENCES OR PERSONAL REFERENCES (NOT RELATIVES)

Name	Telephone	Years Known

EMPLOYMENT HISTORY
(PLEASE START WITH YOUR PRESENT OR MOST RECENT POSITION)

Name of employer		Address (city and state)		Area code/ telephone number
Date started working	Starting salary/wage \$ _____ per week (mo.)	Starting position	Present position	May we call you at this number?
Date stopped working	Present salary/ wage \$ _____ per week (mo.)	Reason for leaving or desiring to leave		
Name and title of supervisor:				May we contact for reference?
Brief description of your responsibilities:				

Name of employer		Address (city and state)		Area code/ telephone number
Date started working	Starting salary/wage \$ _____ per week (mo.)	Starting position	Last position	
Date stopped working	Final salary/ wage \$ _____ per week (mo.)	Reason for leaving		
Name and title of supervisor:				May we contact for reference?
Brief description of your responsibilities:				

Name of employer		Address (city and state)		Area code/ telephone number
Date started working	Starting salary/wage \$ _____ per week (mo.)	Starting position	Last position	
Date stopped working	Final salary/ wage \$ _____ per week (mo.)	Reason for leaving		
Name and title of supervisor:				May we contact for reference?
Brief description of your responsibilities:				

Name of employer		Address (city and state)		Area code/ telephone number
Date started working	Starting salary/wage \$ _____ per week (mo.)	Starting position	Last position	
Date stopped working	Final salary/ wage \$ _____ per week (mo.)	Reason for leaving		
Name and title of supervisor:				May we contact for reference?
Brief description of your responsibilities:				

PLEASE NOTE: TAKE THE TIME TO REVIEW YOUR APPLICATION TO MAKE SURE THAT IT IS COMPLETE; BE SURE TO SIGN AND DATE THE APPLICATION. AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

NOTICE:

THE EAA PROHIBITS THE POSSESSION AND/OR USE OF ALCOHOL OR ILLEGAL OR UNAUTHORIZED DRUGS ON EAA PROPERTY OR AT A TIME OR IN A WAY THAT WOULD AFFECT THE PERFORMANCE OF WORK BY AN EMPLOYEE. QUALIFIED APPLICANTS WHO HAVE BEEN EXTENDED A CONDITIONAL OFFER OF EMPLOYMENT WILL BE REQUIRED TO BE TESTED FOR ILLEGAL AND UNAUTHORIZED DRUGS AND MAY INCLUDE A POST OFFER MEDICAL EXAMINATION BY A COMPANY DESIGNATED PHYSICIAN. APPLICANTS NOT MEETING APPROPRIATE MEDICAL CRITERIA WILL NOT BE CONSIDERED FOR EMPLOYMENT.

ANY DRUG TEST INDICATING POSITIVE RESULTS WILL AUTOMATICALLY HAVE A METHODOLOGY TEST DONE ON THE SAME SPECIMEN TO CONFIRM THE RESULTS. CONFIRMED POSITIVE RESULTS WILL RESULT IN A WITHDRAWAL OF THE OFFER OF EMPLOYMENT.

PLEASE READ AND SIGN BELOW:

"I CERTIFY THAT THE FACTS CONTAINED IN THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THE APPLICATION SHALL RESULT IN DISMISSAL.

I HAVE READ AND UNDERSTAND THAT POST OFFER MEDICAL REQUIREMENTS INCLUDE A PHYSICAL AND DRUG SCREENING. IF CONSIDERED FOR EMPLOYMENT, I ACCEPT THESE CONDITIONS AND CONSENT TO THE REQUIREMENTS OF BOTH THE URINE DRUG SCREEN, AND ANY OTHER POST OFFER PHYSICAL OR TEST REQUIRED. I AGREE IN SUBMITTING TO THESE MEDICAL TESTS THAT THE TESTING AGENCY IS AUTHORIZED BY ME TO PROVIDE THE RESULTS OF THESE TESTS TO THE COMPANY. I FURTHER AGREE TO HOLD THE COMPANY, ITS AGENTS, DIRECTORS, OFFICERS, AND EMPLOYEES HARMLESS FROM ANY AND ALL LIABILITY IN CONNECTION WITH THE TESTING FOR DRUGS AND/OR ALCOHOL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO PROVIDE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

Signature _____ Date _____

FOR HUMAN RESOURCES USE ONLY

INTERVIEWED BY: _____ DATE _____

COMMENTS: _____

HIRED: ☐ Yes ☐ No POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
MANAGER/SUPERVISOR DEPARTMENT HEAD VP HUMAN RESOURCES