

# AEROSPACE COMPONENTS

## EMPLOYMENT APPLICATION

**FOR OFFICIAL USE ONLY**

	//	//				
Agency Authorized Signature	Date	Class Code	Status			

**POSITION APPLIED FOR**

Agency: \_\_\_\_\_

Title: \_\_\_\_\_

Position Number: \_\_\_\_\_ Date Available: \_\_\_\_\_

Counties of interest: \_\_\_\_\_

Minimum Acceptable Salary: \_\_\_\_\_

**HOW DO WE CONTACT YOU?**

Your Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ SUNCOM (State Employees): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**EDUCATION**

**HIGH SCHOOL:**

NAME / LOCATION OF SCHOOL: \_\_\_\_\_ RECEIVED:  Diploma  Other (specify) \_\_\_\_\_  None

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

**COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED	
		FROM	TO	QTR	SEM			

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

**JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

**LICENSURE, REGISTRATION, CERTIFICATION** EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, etc

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency

# PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

**1** Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**2** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**3** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_