



Employment Application

AOPA is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, disability, sexual orientation, genetic information, personal appearance, gender identity or expression, family responsibilities, matriculation, political affiliation or any other basis prohibited by applicable laws.

General Information

(Please print or type)

Date: _____

Name: _____
Last Name First Name Middle

Address: _____
Number & Street City State Zip Code

Telephone Number with Area Code Day: (____) _____ Evening:(____) _____

Position applied for: _____

Full Time Part Time Temporary

First learned of position from: _____

Are you legally authorized to work in the United States without limitation or restriction? Yes No

Do you have a contractual agreement, such as a non-competition agreement, that could potentially limit your employment with us? Yes No

Salary Expected: \$ _____ Date Available _____

If you are under 18 years, can you provide a work permit if required for the position you are applying for?

Yes No

Personal History

Have you previously applied for employment with AOPA? Yes Date: _____ No

Have you worked for AOPA before? Yes No

If yes, list dates, departments, and titles: _____

Education: Only job-related education will be considered

Name/Location of School	Last Year Completed	Did You Graduate?	Major Courses/ Degree Received
High School	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Business	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Courses taken related to desired work: _____

Additional Qualifications

Special experiences, skills or qualifications. List any special experiences, skills or qualifications you have that you believe would help you in the job applied for: _____

List any special licenses or certifications you have that you believe would help you do the job applied for (*i.e.*, pilot certificate and ratings, professional certifications such as: CPA, CFI, AME, CAPM SPHR/PHR, etc.): _____

List any experience you have in operating business equipment/software that you believe would be useful in the job applied for (*i.e.*, MS Office Suite: Word, Excel, Outlook, PowerPoint, or Access): _____

If required for the job you are seeking, do you type? Yes No

If so, give approximate speed: Typing _____ wpm

Please feel free to add any information pertaining to your qualifications for the job which you are applying (*i.e.* such as honors, awards, business or civic activities, offices held, etc.), you may exclude memberships which would reveal sex, race, national origin, age, handicap, or other protected status: _____

Prior Employment

Give the following information for all prior and present employers, beginning with the most recent. If necessary, use additional sheets to fully cover your employment history. A resume may be attached to supplement this information, but will not be accepted as a substitute for completion of this section.

Employer	Dates of Employment	Name of Supervisor	Pay Rate	Reason For Leaving
Name: Address: Phone Number:				
Job title and description of worked performed				
Name: Address: Phone Number:				
Job title and description of worked performed				
Name: Address: Phone Number:				
Job title and description of worked performed				
Name: Address: Phone Number:				
Job title and description of worked performed				

Did you have any disciplinary problems (warnings, suspensions, dismissals) with any previous employer? If so, please describe the facts and circumstances and where you were employed at the time: _____

Business, Professional or Educational References

(Other than supervisors named on the previous page)

Name: _____ Occupation: _____ Years Know: _____

Address: _____ Area Code/Phone No.: _____

Name: _____ Occupation: _____ Years Know: _____

Address: _____ Area Code/Phone No.: _____

Information for Applicant

(Read carefully before signing)

1. This application is valid for only 90 days. If you have not been hired within 90 days of your application, you must re-apply in writing in order to receive further consideration.
2. AOPA complies fully with the provisions of the Immigration Reform and Control Act of 1986 with respect to the employment eligibility of all employees who work legally in the United States. If you accept employment with AOPA, you will be required to verify your identity and demonstrate employment eligibility by completing Form I-9 and presenting acceptable documents from those listed on the back of that form within (3) days of hired. AOPA does not discriminate in hiring, firing, or any terms or conditions of employment based upon an individual's national origin or citizenship.
3. By your signature below, you agree to the following:
 - a. I understand that any false statements or omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.
 - b. I consent to take any examinations, including but not limited to tests for alcohol or drugs, that may be requested by AOPA: (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans With Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to AOPA. I understand that if my drug screen is positive for any illegal substance, that any offer of employment will be rescinded, or if I have already commenced work, I may be terminated.
 - c. I understand that any employment I might be offered by AOPA or its affiliates is "at will" and of indefinite duration, and that either I or AOPA can terminate that employment at any time and with or without notice for any or no reason, that no agreement to the contrary will be recognized by AOPA unless made in writing and signed by the President of AOPA, and that none of AOPA's practices or policies are to be construed as imposing any contractual or binding obligations on AOPA and that they are subject to change and deletion at any time. I further understand that, although there is an initial period of the first 90 days of employment, subject to extension at AOPA's discretion, during which I will be considered to be in provisional or probationary status and will not be eligible to earn or use certain benefits available to other employees, my successful completion of that initial period will not change my status as an at-will employee.
 - d. I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact AOPA's Human Resource Manager or President immediately to obtain assistance in the resolution of those matters.

I have read this Employment Application and its attachments and I fully understand its contents. By my signature below, I hereby certify that I have answered all questions fully, have provided truthful and accurate answers to all questions, and have not omitted any information called for in the application. I further agree that I am seeking employment with AOPA under the terms and conditions described in the Employment Application and its attachments.

Date

Signature of Applicant