



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 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: _____

Have you ever been convicted of a crime, pleaded guilty to or received a verdict of anything other than "not guilty" in any criminal investigation or proceeding*? Yes No

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation: _____

*Do not list any criminal charges for which the records have been sealed, expunged, or pardoned. A criminal offense will not necessarily bar employment.

Education: Only job-related education will be considered

Name/Location of School	Last Year Completed	Did You Graduate?	Major Courses/ Degree Received
High School	1 2 3 4		
College	1 2 3 4		
Trade/Business	1 2 3 4		
Other Education	1 2 3 4		

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, certified public accountant, master electrician, certified professional secretary, etc.): _____

List any experience you have in operating business equipment that you believe would be useful in the job applied for (i.e., computer, word processor, typewriter, calculator, FAX, transcription machine, etc.)

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, professional memberships, 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 physical 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 will 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

FOR POSITIONS IN MARYLAND ONLY

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Date: _____ Applicant's Signature: _____



Reference Release Form

I, _____, having filed an application to work as an
_____ at Aircraft Owners & Pilots Association
(Job you are applying for)

(AOPA) do hereby authorize AOPA to seek from school officials, doctors, previous employers, and other persons, firms or institutions contacted by AOPA to release to it any and all information in their knowledge or possession pertaining to my employment history or my qualification and ability to work at the above named job. This includes but is not limited to information and opinions pertaining to those duties, my salary history, my academic record, my ability to work and any performance, behavior, attitude or other problems or good points perceived by them.

Further, I authorize AOPA to obtain a background investigative report made by security, law enforcement or consumer reporting agency with respect to me. I authorize these agencies to release this information to AOPA, including but not limited to the results of and reports concerning any investigations, any and all documentation, test results, or information of any type obtained from any source during the course of such investigations, other than records relating solely to charges that have been expunged. I also authorize said law enforcement agencies to release this information to AOPA.

I release, promise to hold harmless and covenant not to sue AOPA on the basis of its attempt to obtain any of the foregoing information. I further release, promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to AOPA on the basis of their disclosures, regardless of whether those disclosures adversely affect my opportunities for employment or otherwise cause me harm.

I have signed this release voluntarily and of my own free will.

Date

Signature of Applicant

Sex, Race and Ethnic Group Identification Form

Detach from Application and Hand in Separately

DO NOT SIGN OR OTHERWISE INDICATE YOUR NAME ON THIS FORM

The federal government requires that an employer maintain records on the race, sex and ethnic group of its applicants. In order to comply with these requirements, Aircraft Owners & Pilots Association requests that you supply the information sought below. The information is for record keeping purposes only and will not in any way affect any employment decisions. This questionnaire will be kept separate from your application.

Position applied for: _____ Date of application: _____

Sex: _____

Race/Ethnic Identification: Please identify your race or ethnicity (using the definitions supplied below):

_____ **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **Black or African American** – A person having origins in any of the Black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Hispanic or Latino (All races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **Hispanic or Latino (White race only)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.

_____ **Hispanic or Latino (all other races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

In conformity with applicable laws, Aircraft Owners & Pilots Association 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, or any other characteristic protected by law.

CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

As part of the application review process or at some point during your employment if hired, _____(the Company) may request a Consumer Report or Investigative Consumer Report, including a credit check and a criminal background check, on or involving you from a consumer reporting agency or other outside organization. Any such Consumer Report or Investigative Consumer Report may include information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and could include information obtained thorough personal interviews with your neighbors, friends or associates, or others with whom you are acquainted or who might have knowledge concerning any such items of information. Such reports could be used for employment purposes, including hiring as well as for promotion, discipline and termination decisions, if hired.

Please take notice that, pursuant to 15 U.S. C. Section 1681d and Md. Comm. Law Code Ann, Section 14-1204:

Any person who procures or causes to be prepared an investigative consumer report on any consumer shall make, upon written request made by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection (a)(1) of this section, a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in a writing mailed, or otherwise delivered, to the consumer not later than five days after the date on which the request for the disclosure was received from the consumer or the report was first requested, whichever is the later.

Without reservation I, _____, voluntarily authorize the Company to obtain a Consumer Report or Investigative Consumer Report on me from a consumer reporting agency or other outside organization. I certify that I have been provided with a summary of my rights as a consumer under the Fair Credit Reporting Act and Maryland law **(make sure provide both; see www.ftc.gov/credit for a copy of FCRA notice)**. I further understand that before any adverse employment action is taken against me in whole or in part based on the consumer report and/or investigative consumer report, the Company will provide me with notice of such action, a copy of such report and a description in writing of my rights as a consumer under the Fair Credit Reporting Act, as amended. If I am hired, this Authorization shall remain on file and shall serve as ongoing authorization for the Company to procure Consumer or Investigative Consumer Reports at any time during my employment period.

I release, promise to hold harmless and covenant not to sue the Company and its employees and agents on the basis of its attempts to obtain, and its receipt and use of, any of the foregoing information, and I further release, promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the Company on the basis of their disclosures, regardless of whether those disclosures adversely affect my opportunities for employment or otherwise cause me harm.

Please sign below to indicate that you have read this disclosure and that you authorize the Company to obtain a Consumer Report or Investigative Consumer Report.

Print Name

Signature

Date

Social Security Number