

California

AFCO AvPorts Management LLC

Application for Employment

* Required

Equal access to programs, services and employment opportunities is available to all persons without regard to age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Personal Information

First Name *	Last Name *	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address *		
<input type="text"/>		
City *	State *	ZIP Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address *	Phone Number (Home) *	Phone Number (Cell)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position(s) applied for *	Referral Source	
<input type="text"/>	<input type="text"/>	

Contact Information

If necessary, best time to call you is:	Phone Number	
<input type="text"/>	<input type="text"/>	
May we contact you at work?		
<input type="radio"/> Yes <input type="radio"/> No		
Best time to call you at work is:	Work Phone Number	Ext.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment Eligibility

Date Available for Work

If you are under 18 and it is required, can you furnish a work permit?

N/A Yes No

If no, please explain:

Have you submitted an application here before?

Yes No

If yes, give date(s) and position(s):

Have you ever been employed here before?

Yes No

If yes, give dates:

From: To:

Is this application a request for reemployment following an extended military leave of absence from this company?

Yes No

Are you lawfully authorized to work in the United States?

Yes No

Have you entered into an agreement with any former employer or other party (such as noncompetition agreement) that might, in any way, restrict your ability to work for our company?

Yes No

Driver's license number and state required if driving may be required in the job for which you are applying:

Employment Preferences

What is your desired salary range or rate of pay?

Per (Hour/Year)

Type of employment desired

Full-Time

Part-Time

Seasonal

Educational Co-Op

Temporary

Will you relocate if job requires it?

Yes No

Will you travel if job requires it?

Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position?

N/A Yes No

Will you work overtime if required?

Yes No

If no, please explain:

Reasonable Accommodation

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

Employment History

Starting with your most recent employer, provide the following information.

Employer

Phone Number

Street Address

City

State

Dates Employed From:

To:

Starting Job Title

Final Job Title

Immediate supervisor and title (for most recent position held)

May we contact for reference?

Yes No Later

Email Address

Phone Number

Ext.

Why did you leave?

Summarize the type of work performed and job responsibilities:

What did you like most about your position?

What did you like least about your position?

.....

Employer	Phone Number
----------	--------------

Street Address	
----------------	--

City	State
------	-------

Dates Employed From:	To:
-------------------------	-----

Starting Job Title	Final Job Title
--------------------	-----------------

Immediate supervisor and title (for most recent position held)

May we contact for reference?
 Yes No Later

Email Address	Phone Number	Ext.
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Employer	Phone Number
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Street Address	
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City	State
------	-------

Dates Employed From:	To:
-------------------------	-----

Starting Job Title	Final Job Title
--------------------	-----------------

Immediate supervisor and title (for most recent position held)

May we contact for reference?

- Yes
- No
- Later

Email Address

Phone Number

Ext.

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Employer

Phone Number

Street Address

City

State

Dates Employed
From:

To:

Starting Job Title

Final Job Title

Immediate supervisor and title (for most recent position held)

May we contact for reference?

- Yes
- No
- Later

Email Address

Phone Number

Ext.

Why did you leave?

Summarize the type of work performed and job responsibilities:

What did you like most about your position?

What did you like least about your position?

Explain if you have ever been fired or asked to resign from a job?

Explain any gaps in your employment, other than those due to personal illness, injury, or disability:

Skills and Qualifications

Summarize any special training, skills, languages, licenses, bonding, certifications, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (include software titles and level of experience, such as basic, intermediate, or advanced.)

Software Name	Skill Level
_____	_____
Software Name	Skill Level
_____	_____
Software Name	Skill Level
_____	_____
Software Name	Skill Level
_____	_____

Educational Background

School Name	City & State	Number of Years Completed
_____	_____	_____
Level Completed	GPA/Class Rank	Major/Minor/Certificate
_____	_____	_____
School Name	City & State	Number of Years Completed
_____	_____	_____
Level Completed	GPA/Class Rank	Major/Minor/Certificate
_____	_____	_____
School Name	City & State	Number of Years Completed
_____	_____	_____
Level Completed	GPA/Class Rank	Major/Minor/Certificate
_____	_____	_____

References

Name	Title	Relationship to You
_____	_____	_____

Number of Years Known

Phone Number

E-mail Address

Name

Title

Relationship to You

Number of Years Known

Phone Number

E-mail Address

Name

Title

Relationship to You

Number of Years Known

Phone Number

E-mail Address

Related Information

When answering these questions, please exclude any information that would reveal age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong?

List any relevant volunteer work:

List special accomplishments, publications, awards, etc.:

Is there any other job-related information you want us to know about you?

Applicant Statement and Signature

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her age, ancestry, color, disability, genetic information, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Signature of Applicant *

Date Signed*

Important note: This job application includes attorney-approved questions prepared specifically for AFCO AvPorts Management LLC to hire in California.

