



Corporate Office
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APPLICATION FOR EMPLOYMENT

Notice to Applicants

Holland Sheltair Aviation Group is an Equal Employment Opportunity Employer. We will provide Equal Employment opportunities to qualified persons without regard to race, creed, color, sex, religion, gender, sexual orientation, national origin, citizenship status, age, disability, marital status, amnesty, veteran status, or any other characteristic prohibited by law. Our management is dedicated to ensuring the fulfillment of this policy with respect to hiring, selection for training, promotion, transfer, rates of pay or other forms of compensation and general treatment during employment. We expect everyone to show understanding and consideration to fellow employees and to respect and observe this policy.

Holland Sheltair Aviation Group is a Drug-Free Workplace. We are committed to protecting the safety, health and well being of all employees in our workplace. We recognize that drug and alcohol abuse pose a significant threat to our company goals and objectives. We have established a drug-free and alcohol-free environment for all employees.

Holland Sheltair Aviation Group is an "At Will" Employer. This means that the employment relationship is for no specific term and may be terminated by me or Holland Sheltair Aviation Group at any time for any reason with or without advanced notice and with or without cause.

Applicant's Acknowledgement & Authorization

I certify that I, the undersigned applicant, have personally completed this application and all statements (verbal and written) in this application (or any other accompanying documents) are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for in the employment application, resume, interview process or other application material may prohibit consideration for employment at Holland Sheltair Aviation Group and may be cause for immediate dismissal at any time without notice. I authorize the investigation of all matters contained in this application and hereby give Holland Sheltair Aviation Group permission to contact schools, present or former employers, division of motor vehicles, references and others, and hereby release Holland Sheltair Aviation Group, schools, previous employers, and references from any liability as a result of such contact.

In accordance with applicable airport security regulations administered by Department of Homeland Security, Transportation Security Administration, and/or other local governing authorities, I understand I must be able to obtain the requisite security clearance and security badge as a condition of hire. If employed by Holland Sheltair Aviation Group, I agree to comply with all safety regulations, company policies and procedures, and local, state and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, business needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired. I further understand that acceptance of an offer of employment does not create a contractual obligation upon Holland Sheltair Aviation Group to continue to employ me in the future or for any specific term.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I have reviewed this application carefully, and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that I may be required to submit to any or all alcohol/drug testing before hire and during the course of my employment.

I have read and agree to the above terms and conditions:

Signature _____ Date _____

Application for Employment:

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Last Name		First	Middle	Date of Application
Street Address				Home Telephone
City, State, Zip Code				Work/Cellular Telephone
Position Desired	Date Available	Salary Desired	Social Security Number	

HOW WERE YOU REFERRED TO HOLLAND SHELTAIR AVIATION GROUP?

Employee (Name)	Friend (Name)	Other (Explain)
Ad (Name of Newspaper/Publication)	Job Fair/Conference (When/Where)	Internet (Name of Site)

GENERAL INFORMATION

Upon employment, are you able to provide proper documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No (A conviction will not necessarily disqualify you from employment). If yes, please give dates and explain.

Are you able to perform the essential requirements of this job with or without reasonable accommodation? Yes No

Are you at least 18 years of Age? Yes No

Do you understand employment may require working weekends, nights, holidays, overtime, and shift rotation? Yes No

Are you available? Full-time Part-time

Have you ever been employed by Holland Sheltair Aviation Group or one of its divisions before? Yes No

Are you related to anyone at Holland Sheltair Aviation Group or one of its divisions? Yes No

If yes, please provide their name and relationship to you?

Have you ever worked under a different name? Yes, _____ No

EDUCATION

Level	Name of School, City and State	Diploma or Degree	Dates Employed		Major
			From Mo/Yr	To Mo/Yr	
High School					
Business, Trade or Technical					
College					
Graduate School					
Other					

EMPLOYMENT EXPERIENCE

List all work experience and begin with most recent employment.

Company	Telephone	Dates Employed		Job Title & Duties Performed
		From Mo/Yr	To Mo/Yr	
Address				
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	
Company	Telephone	Dates Employed		Job Title & Duties Performed
		From Mo/Yr	To Mo/Yr	
Address				
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	
Company	Telephone	Dates Employed		Job Title & Duties Performed
		From Mo/Yr	To Mo/Yr	
Address				
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	
Company	Telephone	Dates Employed		Job Title & Duties Performed
		From Mo/Yr	To Mo/Yr	
Address				
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	
COMMENTS: (including explanation of any gaps in employment):				

SKILLS & QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying.

Typing Speed:

PC Skills (Indicate software used):

Foreign Languages:

Other:

Do you have any experience, training, qualifications or special skills which you think make you especially suited for work at this company? (Explain):

PROFESSIONAL LICENSES

List any professional license(s) that are related to the position for which you are applying and list state(s) in which licensed:

Professional License or Certification	License Number	State	Expiration Date (mm/dd/yyyy)

DRIVER'S LICENSE INFORMATION

Many positions throughout the organization require driving a company vehicle or regularly operating an automobile during Company business and therefore require a valid driver's license and in some cases, a CDL (Commercial Driver's License).

Do you have a valid driver's license? Yes No

If required for the position, do you have a valid CDL license? Yes No*

*If no, are you eligible to obtain a CDL license within the first 90 days of employment? Yes No

(For more information on CDL license eligibility/ requirements, please contact the local issuing authority.)

REFERENCES

List three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known	In what capacity did this person observe you or your work?