



APPLICATION FOR EMPLOYMENT

Landing Gear Technologies, LLC values diversity and considers qualified applicants for all positions without regard to race, color, religion, gender, national origin, age, disability or marital status, and/or any other federal, state, or local statute that addresses employment practices.

Instructions: Please complete this form in ink. Fill in all information requested, even if attaching a resume. If you require additional space for answers, please use an additional sheet of paper. Incomplete applications will be discarded. Applications for employment are considered active for 90 days.

Form with fields: Last Name, First Name, Middle Name, Address, City, State, Zip Code, Email Address, Last Four Digits of Social Security #, Cellular.

Form with fields: Position(s) applied for, Salary Desired.

Form with question: How did you learn about Landing Gear Technologies, LLC.? and options: Online Job Posting, Referral, Walk-In, School, Other.

Form with field: Name of Company/Employee who referred you (if appropriate):

Form with question: If not a U.S. Citizen, are you lawfully permitted to be employed in the United States?.....

Form with question: If you are under 18 years of age, can you provide required work permits?.....

Form with question: Have you ever been employed with us before?.....

Form with question: If yes, give dates: \_\_\_\_\_ State name while employed (If different form present): \_\_\_\_\_

Form with question: Do you presently have any relatives working for Landing Gear Technologies, LLC.?

Form with question: If yes, please state name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Form with question: Employment desired: [ ] Full Time [ ] Part Time

Form with question: With or without accommodation, are you able to perform the essential job functions of the position for which you are applying?

Form with question: Have you ever been convicted of any criminal offense, including, but not limited to robbery, embezzlement, forgery, use, possession or sale of drugs, tax evasion, DUI, or any criminal offense involving dishonesty or breach of trust?

If yes, please state type of offense, and time, disposition and any rehabilitation in the lines provided below. (Conviction of a crime, or pleading nolo pross, nolo contendere, and/or adjudication withheld will not necessarily be a bar to employment.) The above factors may be taken into account in determining the effect on suitability for employment.

Blank lines for providing details of criminal offenses.

(Should you need additional writing space, please feel free to use back of application.)

<b>EDUCATION</b>			
Name and Locations	Did you Graduate?	Degree Earned	G.P.A (optional)
High School			
College			
Other			

<b>SKILLS</b>			
Please indicate the skills/equipment on which you have experience			
<input type="checkbox"/> MS Word	<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> MS PowerPoint	
<input type="checkbox"/> MS Excel	<input type="checkbox"/> Quantum	<input type="checkbox"/> QuickBooks	<input type="checkbox"/> _____

<b>FOREIGN LANGUAGES</b>			
Indicate any foreign language(s) you can speak, read, and/or write.			
Language	Fluent	Good	Fair

<b>EMPLOYMENT EXPERIENCE</b>				
<i>START WITH YOUR PRESENT AND MOST RECENT EMPLOYMENT</i>				
Employment Dates Month/Year	Place of Employment	Salary	Type of Business	Position/ Type of Work
From:	Name: Phone:	Start		
To:	Address:	Final		
Reason for leaving or desire to leave:			Supervisor's Name:	
Employment Dates Month/Year	Place of Employment	Salary	Type of Business	Position Type of Work
From:	Name: Phone:	Start		
To:	Address:	Final		



**APPLICATION FOR EMPLOYMENT**

Reason for leaving or desire to leave:				Supervisor's Name:	
Employment Dates Month/Year	Place of Employment	Salary	Type of Business	Position Type of Work	
From:	Name: Phone:	Start			
To:	Address:	Final			
Reason for leaving or desire to leave:				Supervisor's Name:	

**EMPLOYMENT REFERENCES**

**Provide three (3) professional references - please provide names of two direct supervisors for whom you worked for.**

Name	Telephone	Occupation	Years Known

Have you ever been discharged or requested to resign from a position?  Yes  No

If YES, explain: \_\_\_\_\_

May we contact your present or previous employer(s)?  Yes  No

If NO, please state reason(s) why: \_\_\_\_\_

\_\_\_\_\_

Landing Gear Technologies

**CERTIFICATION AND AGREEMENT**

Please read the following statements carefully before signing.

As part of **Landing Gear Technologies, LLC** employment procedures, a routine background investigation may be made by an independent consumer-reporting agency. As part of this background investigation, I agree to the following, if requested:

- To have my credit record checked for employment purposes.
- To have my driving record checked for employment purposes.
- To have a criminal record history check.
- To submit to a test for the presence of drugs, narcotics or alcohol.
- To allow a verification of previous employment and personal references.

I understand that these procedures could take place prior to or at any time subsequent to my employment.

If the background or any subsequent investigation discloses any misrepresentation or falsification on the application form or information indicating that I am not suited for employment with **Landing Gear Technologies, LLC**, I will be refused employment, or, if already employed, terminated.

I understand that according to federal law, all individuals who are hired must, as a condition of employment, produce certain documents to verify their identity and their legal authorization to work in the U.S. Therefore, I understand that any offer of employment is contingent on my ability to produce the required documentation within the time period required by law. I also understand that if my immigration or work authorization status changes after I begin work so that I am no longer able to continue to work in the U.S., I will advise the Company immediately.

I hereby authorize, without reservation, any part or agency contacted by this employer to furnish the above-mentioned information and further authorize ongoing procurement of the above-mentioned reports at any time during my employment. Copies of this authorization are as valid as the original document.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably.

<i>Signature</i>
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<i>Print Name</i>
<i>Date</i>

## Applicant Questionnaire

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. What duties do you enjoy most about your current position? (if applicable)

2. Are you currently still employed? If no, what was your reason for leaving? If yes, why do you wish to leave your present job?

3. The job you are currently applying for shift runs from 6:00 AM to 2:30 PM, with a 1 hour lunch break from 11:00 AM to 12:00 PM. Does this shift fit your schedule?

4. Is this a good working location for you?

5. How many times were you absent from work in the past 90 days?

6. How many times were you late for work in the past the last 3 months?

7. What steps do you take to insure you are on time to work?

8. What motivates you to arrive to work daily?

9. Are you available to work overtime and weekends if needed?

10. Are you available for work travel if needed?

11. Do you prefer to work independently or on a team?

12. Do you have prior experience or training in the aviation industry?

13. What strengths can you bring to this position?

14. What is your availability to start working?