



# Aviation Training Consulting, LLC

*Innovative Solutions for Training*

## Employment Application

ATC Human Resources Department  
123 W. Commerce, Suite 424 • P.O. Box 754, Altus, Oklahoma 73522  
Phone (580) 477-1767 • Fax (580) 477-1886  
E-mail [atchr@AviationTrainingConsulting.com](mailto:atchr@AviationTrainingConsulting.com) • On-Line <http://www.AviationTrainingConsulting.com>

HR Use Only:

Received: \_\_\_\_\_

Responded: \_\_\_\_\_

*ATC is an Equal Opportunity Employer*

### Important Information about the Application Process

- Carefully read the job announcement for the position you are applying for. Applicant materials and communications will be considered as determined appropriate by ATC during our screening and selection process. Therefore, it is important that all materials be accurate, neat and complete.
- If you require reasonable accommodation to participate in the application process, due to a disability, please contact the Human Resources office.
- We accept applications only for positions which are currently posted.
- Only complete applications will be considered in the selection process. All materials submitted along with your application become property of ATC and will be used in our selection process. By signing this application you are affirming that all information you provide is accurate and complete.
- If there are supplemental requirements on the announcement, the requested information must be submitted with the employment application before the deadline in order to be considered for the position. Incomplete or late application materials will not be considered.
- Applications are considered active for 90 calendar days. Please keep a copy for your files.

### Applicant Information

*A separate application must be submitted for each position you are applying for. Please submit only **one (1)** copy per recruitment.*

Position Title Applying For:		
Social Security Number:		
First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Email Address:		
Home Phone: (     )     -	Day Time Phone: (     )     -	Extension:

### Employment History

- Be sure to describe in this section the duties you have performed which demonstrate that you have the knowledge and skills to perform the duties of the job for which you are applying. You may include on-the-job training, internship, volunteer activity, self-employment, and military experience.
- If resume, certification, transcripts or other information is required, it must be submitted by the closing date.

## Employment History (continued)

Current or Most Recent Job Title:	Start Date:	End Date:
Employer:	Phone: ( ) -	
Employer Address:		
If this is your current employer may we contact them if you become a finalist for this position? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:
Summarize the type of work performed, job responsibilities and accomplishments:		

Job Title:	Start Date:	End Date:
Employer:	Phone: ( ) -	
Employer Address:		
If this is your current employer may we contact them if you become a finalist for this position? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:
Summarize the type of work performed, job responsibilities and accomplishments:		

Job Title:	Start Date:	End Date:
Employer:	Phone: ( ) -	
Employer Address:		
If this is your current employer may we contact them if you become a finalist for this position? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:
Summarize the type of work performed, job responsibilities and accomplishments:		

Job Title:	Start Date:	End Date:
Employer:	Phone: ( ) -	
Employer Address:		
If this is your current employer may we contact them if you become a finalist for this position? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Supervisor:	Number of people you supervised in this position:	
Starting Salary:	Ending Salary:	Reason for Leaving:
Summarize the type of work performed, job responsibilities and accomplishments:		

## Employment History (continued)

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

If not addressed on previous page, have you ever been fired or asked to resign a job position? Yes  No  If yes, please explain:

## Education, Training, Certificates & Licenses

Do you have a high school diploma, GED or equivalent? Yes  No

### Colleges, universities, military, trade, business or other schools attended

Name of School	Location of School	Courses of Study (Major)	Credits Completed		Specify Degree or Certificate Earned
			Semester hours	Quarter hours	

Note: A valid driver's license is required for positions where vehicle or equipment operation is an essential job function.

### List driver's license or other certificates required for this position

Title of License or Certificate	Number	Issuing Agency	Date Issued/Date of Expiration
			/
			/
			/
			/

Do you offer any bi-lingual communications skills that may be helpful to your performance of this job? Yes  Language(s): \_\_\_\_\_  
No

## Personal References

Please provide three (3) non-related references whom we may contact.

Name	Address & Phone Number	Relationship and Years Acquainted

## Skills and Qualifications

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

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Software	Years	Software	Years
<input type="checkbox"/> Word Processing		<input type="checkbox"/> Internet	
<input type="checkbox"/> Spreadsheet		<input type="checkbox"/> Presentation	
<input type="checkbox"/> Email		<input type="checkbox"/> Other	

## General Information

- Are you now, or have you ever been employed by Aviation Training Consulting Services, LLC? Yes  No   
If yes, please select the appropriate employment status:  Regular  Temporary/Seasonal  College Intern  
 Volunteer  Contract Work

Please give job title, department, and dates worked: \_\_\_\_\_

- Do you have relatives employed by the Aviation Training Consulting, LLC? Yes  No

If yes, please give name, relationship and department: \_\_\_\_\_

*Note: There are some limitations on the employment of former.*

- Are you at least 18 years old? Yes  No

*Note: Due to occupational safety guidelines, some positions may have a minimum age requirement, which is noted on the job announcement if applicable.*

- What are your salary expectations? \_\_\_\_\_

- Are you able to safely perform the essential job functions of this position, as noted on the job announcement, with or without reasonable accommodation? Yes  No

- Have you been convicted of a crime or served time in prison during the last 7 years? Yes  No

If yes, please provide a brief explanation of conviction(s) in the space provided below. Please include the date, exact charge, jurisdiction and disposition. *Note: A conviction is not an automatic bar to employment. Each case is considered separately based upon its relation to the duties of the position.*

Conviction(s) Explanation:

## Applicant Statement

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

I expressly authorize, without reservation, ATC, 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, resume 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 90 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 ATC 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 ATC 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 any information provide 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.

***DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.***

*I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.*

Signature of Applicant	Date
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## Affirmative Action Voluntary Information

### RECRUITMENT

ATC is continually evaluating our recruitment efforts. We are therefore requesting your assistance in completing the following survey so we may improve our recruiting efforts. The information provided below is voluntary and is **not** used in the selection process. This information is separated from the employment application upon receipt. The data is used exclusively for government reporting purposes.

How did you hear about this job opportunity?

- Aviation Training Consulting, LLC web site ([www.AviationTrainingConsulting.com](http://www.AviationTrainingConsulting.com))
- Other Web site (specify): \_\_\_\_\_
- Newspaper Ad
- Other advertisement or publication (specify): \_\_\_\_\_
- Referred by current ATC employee. If so who? \_\_\_\_\_
- Other (specify): \_\_\_\_\_

### EQUAL EMPLOYMENT OPPORTUNITY

Aviation Training Consulting, LLC is an equal opportunity employer. To assist in our record keeping, reporting, and other legal requirements, please complete the following survey. (Note: Providing this information is voluntary and will not be included in the application packet forwarded to the hiring authority).

#### Race

- Black (Not of Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.
- Hispanic, of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
- White (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.

#### Gender

- Male     Female

#### Age

- Under age 40     Over age 40

#### Disability

- Are you an individual with a disability?     Yes     No

## Administrative Use Only