



## FLORIDA MODIFICATION SPECIALISTS, LLC.

### EMPLOYMENT APPLICATION

Florida Modification Specialists, LLC. (hereinafter referred to as "FMS") is an equal employment opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, sexual preference, disability, veteran status or any other factors prohibited by federal, state or local law.

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

To assist in verifying information provide in this application, please state ALL names by which you have been known (present name first).

First Name	Middle Initial	Last Name

Address	City	State	Zip Code
Telephone Number:	Business Phone:		
Cell Phone Number:	Fax Number:		

Have you been employed by FMS before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When?	Where?
Do you have relatives currently employed at FMS? If so, please provide name of employee.				
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift(s)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Would you be available to start immediately? If not, when will you be able to start?				
Position applying for and years of related experience:				
How did you hear about the position?				

Have you been Terminated from an employer? If yes, reason for termination.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide proof of your identity and your legal authority to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you under 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to relocate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name and Telephone Number of Emergency Contact:		

**RECORD OF EDUCATION**

	HIGH SCHOOL				VOCATIONAL/ TECHNICAL SCHOOL		COLLEGE/ UNIVERSITY				GRADUATE/ PROFESSIONAL			
School Name and Location														
Years Completed	9	10	11	12	1	2	1	2	3	4	1	2	3	4
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diploma/Degree					Degree/Date Received		Degree/Date Received				Degree/Date Received			
List Certificates Date Received														

**PERSONAL REFERENCES**

LIST BELOW 3 INDIVIDUALS WHO KNOW YOUR CHARACTER, ABILITY, OR EXPERIENCE

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

**PROFESSIONAL REFERENCES**

LIST BELOW 3 PROFESSIONALS WHO KNOW YOUR CHARACTER, ABILITY, OR EXPERIENCE

NAME AND OCCUPATION OF PAST MANAGERS	ADDRESS	PHONE NUMBER

**EMPLOYMENT EXPERIENCE**

PLEASE NOTE: An offer of employment made before contacting your present employer is contingent upon an acceptable reference and/or verification of information from your present employer. List ALL jobs held during last TEN YEARS, regardless of location. Explain ALL gaps in employment of 30 days or more (for example, "unemployed" or "attending school").

Employer: (Present or most recent)	Address:	Phone No.:
Job Title:	Name of Supervisor:	Dates of Employment From: To:
Reason for Leaving:	Initial Compensation:	
Job Duties: (Be specific)	Current or Final Compensation:	

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Job Title:	Name of Supervisor:	Dates of Employment From: To:
Reason for Leaving:		Initial Compensation:
Job Duties: (Be specific)		Current or Final Compensation:

**SPECIAL SKILLS AND QUALIFICATIONS**

Do you have an FAA A&P mechanic's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Give the license number:
What other FAA licenses do you currently hold? (Give types and numbers)
On what TYPES of aircraft have you worked?
What advanced operations are you qualified to perform?
What special skills do you have as a mechanic or technician?
What kinds of utility vehicles can you operate?
Have you been subject to FAA disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain:
Do you intend to acquire any FAA licenses or type ratings in the next 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", explain":
GSE mechanics ONLY: please list the types of equipment on which you have worked:
What specialized training have you had (such as safety training, ground support training, etc.)?
Do you have any other specialized skills or information related to your work history or skills which we should consider in assessing your application?

**MILITARY HISTORY**

Were you in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" what branch?	Rank at separation?
State whether you received a dishonorable discharge that was not upgraded by a military appeal tribunal. <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note: A dishonorable discharge will not necessarily disqualify you from consideration for employment and will be considered only as it relates to the position(s) for which you are applying).	
Briefly describe your duties and any special skills that you acquired in the military.	

**AGREEMENT AND AUTHORIZATION**

DO NOT SIGN THIS PAGE **UNTIL AND UNLESS YOU UNDERSTAND** ALL THE MATERIAL CONTAINED HEREIN. If there is something which you do not understand, ASK the interviewer BEFORE signing these statements.

**NOTICE TO APPLICANTS:**

FLORIDA MODIFICATION SPECIALISTS, LLC. (hereinafter referred to as "FMS") complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related essential tasks. If a conditional offer of employment is made to you, you may be required to undergo a medical examination and/or drug screening. If required, all entering employees in the same job category will be subject to the same history/physical testing requirements and all such information will be confidential and kept in secure files. The applicant agrees to such conditions as a condition of employment, insofar as such conditions are lawful and required of all persons in equivalent positions.

**APPLICANT'S STATEMENT:**

I CERTIFY that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give FMS my permission to contact school, previous employers, references, regulatory and police agencies and others, and I hereby release FMS and all entities to which it may direct such inquiries from any liability as a result of such contact. I understand that misrepresentations, omissions of material facts or incomplete information in areas requested in this application may remove me from further consideration for employment. In addition, I understand that, if employed, any misrepresentations or omissions of material facts called for in this application will be cause for dismissal at any time without any previous notice.

I understand that while FMS makes every effort to provide steady, continuous work, it may not offer employment contracts, and it cannot and will not guarantee the permanence or duration of any position or assignment. Job tenure can be affected by many factors, including business or economic conditions, changes in laws or employer policies, conformity to work rules, job performance, my availability for work, etc. I further understand that my employment relationship, if any, in the absence of a contract, if any, is strictly on an at-will basis. I understand that my employment with FMS, in the absence of a contract, is for no specific term and may be terminated by me or by FMS with or without notice or cause at any time. I further understand that no oral promise, FMS policy, custom, business practice or other procedure notwithstanding constitutes an employment contract or modification of any existing contract or the at-will employment relationship between me and FMS. The contents of any handbooks or manuals (which I understand are confidential information and the property of FMS) are subject to modifications by FMS, solely at its discretion, without notice. I also understand that no supervisor or other official of FMS (except its owners, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing. I understand that any dispute arising from my employment, if offered and accepted, is to be resolved within the jurisdiction of an under the laws of the State of Florida.

I further understand that all persons to whom a conditional offer of employment is made may be subject, at FMS' discretion, to a criminal background check, a driver's license check if the job being applied for involves driving a company vehicle, a verification with the FAA of any licenses noted within this application and such other employment reference checks as may be required by company policy and/or Federal or local statute.

**DRUG-FREE WORK SITE AND DOT PROGRAM:**

I understand that FMS is committed to a drug-free work environment for all its employees, in compliance with the Drug-Free Workplace Act of 1988 and that it is subject, under certain circumstances, to the DOT Drug program. I also understand that all persons to whom a conditional offer of employment is made may be required to pass a pre-employment drug screening. I further agree to take such random, periodic and post-accident drug screenings as may be required in the future, as a condition of employment, and to hold FMS harmless for the results.

THIS APPLICATION CONSISTS OF ONE FOLDER AND \_\_\_\_\_ SUPPLEMENT EMPLOYMENT PAGES.

**I WAS ASKED IF I UNDERSTOOD AND AGREED TO EVERYTHING NOTED ON THIS PAGE.**

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Applicant please PRINT your name here

**STRICTLY CONFIDENTIAL****CRIMINAL HISTORY**

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

(Last)

(First)

(Middle Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home ( )

Cell ( )

Email: \_\_\_\_\_

Have you ever been convicted of or pled guilty or nolo contendere (no contest) to a criminal offense (other than a minor traffic offense)? You should not respond "Yes" as a result of any conviction or guilty plea that has been judicially sealed, erased, expunged, impounded, annulled, or pardoned. Please note, a "Yes" answer concerning criminal history information will not necessarily disqualify you from consideration of employment. This information will be used only to the extent permitted by applicable state and federal law. Among the factors to be considered in evaluating an applicant's record of conviction will be the nature of the offense, the relationship between the offense and the position sought, the time that has passed since the conviction, the age of the applicant at the time of the conviction and the applicant's rehabilitation.

Yes  No If you have answered "Yes", please complete the following:

Month: \_\_\_\_\_ Year: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Details: \_\_\_\_\_

**RACE/ETHNIC GROUP**

Florida Modification Specialists, LLC. (FMS) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, FMS invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(Please check one) The Federal Government uses the following definitions of race/ethnic groups:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White: (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American: (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander: (Not Hispanic or Latino)** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian: (Not Hispanic or Latino)** 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.
- American Indian or Alaskan Native: (Not Hispanic or Latino)** A person having origins in any original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races: (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

I certify that the above information is true and correct

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_