

# Hillaero Modification Center

## Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin

### PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip Code

Permanent Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_

State name and department of any relatives, other Than spouse already employed by this company \_\_\_\_\_

Referred by: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so may we inquire Of your present employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ When \_\_\_\_\_

### EDUCATION

	Name and Location of School	Circle		Subjects Studied and Degrees Received
		Last year Completed	Did You Graduate	
Grammar School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subjects of Special Study or Research Work \_\_\_\_\_

What Foreign Languages Do You Speak Fluently? \_\_\_\_\_

Read? \_\_\_\_\_ Write? \_\_\_\_\_

Activities other than Religious (Civic, Athletic, etc.) \_\_\_\_\_

(Continued)

**FORMER EMPLOYERS** List Below Last Four Employers, Starting With Last One First

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From _____ To _____				
From _____ To _____				
From _____ To _____				
From _____ To _____				

**REFERENCES:** Give Below the Names of Three Persons Not Related To You, Whom You Have Known at Least One Year.

Name	Address	Business	Years Aquatinted
1			
2			
3			

**PHYSICAL RECORD:** Do you have any physical condition which may limit your ability to perform the job applied for?

In Case of  
Emergency Notify:

Name	Address	Phone
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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

Neatness		Character	
Personality		Ability	

Hired _____	For Dept. _____	Position _____	Will Report _____	Salary Wages _____
Approved: 1. _____	2. _____	3. _____		
Employment Manager	Dept. Head	General Manager		

**PLEASE GIVE A BRIEF ANSWER TO THE FOLLOWING QUESTIONS**

1. What skills, qualifications, or experience do you possess that you believe qualifies you for this position?
2. What is your idea of challenging work?
3. What 2 or 3 things are most important to you in a job?
4. Describe some of the work activities you do particularly well.
5. What skill or area would you like to improve on?
6. How do you approach problem-solving?
7. Give an example of a problem you solved recently at work.
8. What is your favorite thing about your current job?
9. What is your least favorite thing about your current job?
10. Describe the ideal position for you.
11. Why does Hillaero interest you?
12. Give me an example of a function you perform at your current job that requires detail and organization.
13. What kind of supervisor do you prefer?

14. Do you like to work more as a team or individually?
  
15. Have there been any work situations that have been particularly difficult for you? How did you handle the situation?
  
16. If we called for a reference on you, what do you think the person would say about you?
  
17. What do you see yourself doing in the next five years?
  
18. What is your biggest pet peeve or what irritates you the most?
  
19. What motivates you to put forth your best effort?
  
20. What hours/days are you willing to work?
  
21. What pay range are you willing to accept?
  
22. When are you available to begin work?

**Return application:**

Via email: [humanresources@hillaero.com](mailto:humanresources@hillaero.com)

Via fax: (402) 474-4563

In person: 4055 North Park Rd, General Aviation Area (East side of Lincoln Airport) We are the first business south of Silverhawk Aviation

Via mail: Hillaero Modification Center, PO Box 83407, Lincoln, NE 68501

**To learn more about Hillaero Modification Center:**

Visit our website @ <http://www.hillaero.com>

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**HILLAERO MODIFICATION CENTER  
P.O. BOX 83407  
LINCOLN, NE 68501  
402-474-5074 / 402-474-4563 fax  
800-445-2376  
www.hillaero.com**

**LETTER TO APPLICANTS AND COVERED EMPLOYEES**

**COMPANY'S Anti-Drug and Alcohol Misuse Prevent Program  
For Persons Engaged in Specified Aviation Activities**

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. Every covered employee and applicant should understand those dangers and be aware of the Federal requirements and state guidelines concerning substance abuse in the workplace. HILLAERO MODIFICATION CENTER is committed to creating and maintaining a workplace free of substance abuse.

To answer this problem, HILLAERO MODIFICATION CENTER (hereinafter also referred to as "HILLAERO MODIFICATION CENTER" or "COMPANY") has developed an Anti-Drug and Alcohol Misuse Prevention Program for Persons Engaged in Specified Aviation Activities covered by 14 CFR Parts 65, 121, and 135 of the Federal Aviation Administration (FAA).

Covered employees whose job duties require them to perform safety-sensitive covered functions regulated by FAA Regulations are subject to the Department of Transportation (DOT) testing regulations and *COMPANY Policy*. With regard to those employees covered by DOT regulations, federal regulations shall be considered as preempting any inconsistent state or local laws or regulations.

The purpose of this policy is to establish programs designed to help prevent accidents and injuries resulting from the misuse of alcohol or use of controlled substances by covered employees performing safety-sensitive functions falling under the coverage of the regulations.

An employee whose conduct violates this Anti-Drug and Alcohol Misuse Prevention Program Policy Statement will be subject to removal from safety-sensitive functions, notification to the FAA of Regulatory violations and *discipline up to and including termination and in conformity with applicable state or local laws and regulations, as well as any other applicable written agreements or guidelines.*

We believe that the benefits derived from the policy objectives outweigh the potential inconvenience to employees, and we earnestly solicit the understanding and cooperation of all employees in implementing this policy.      Effective Date 06-28-2002

# HILLAERO MODIFICATION CENTER

*(To Be Completed At The Time Of Application)*

## Job Requirement Questionnaire

The position Hillaero Modification Center is offering may include the following task descriptions:

1. Using/wearing the following safety equipment:  
Half-mask respirator  
Fresh-air respirator  
Tyvex safety suit and boots  
Latex gloves  
Neoprene rubber gloves
2. Working off scaffolding and ladders
3. Operating spray guns and sanders above your head
4. Bending and lifting weight under 70 lbs.
5. Working with paint and related chemicals

Are you able to perform all of the above job-related functions? \_\_\_Yes \_\_\_No

If "no", please circle number and explain in detail below:

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### Consent to Drug Testing

In compliance with Federal Aviation Regulation Part 121, Appendix I & J, Hillaero Modification Center maintains an FAA compliant Anti-Drug and Alcohol Company Policy. This includes pre-employment drug screening, random alcohol and drug screening, reasonable suspicion alcohol and drug screening and post-accident alcohol and drug screening. Hillaero Modification Center will not disclose information obtained throughout the screening test except:

(1) When such information is needed by Hillaero modification Center employees or agents of Hillaero Modification Center involved in the employment decision, and (2) when such disclosure is required by law.

I agree to supply a urine specimen under the supervision of a Company appointed medical representative with the understanding that part of the specimen will be used to test for the presence of illegal and dangerous drugs.

I further agree that while employed by Hillaero Modification Center, I will consent to drug and alcohol testing in accordance with the Company FAA Anti-Drug and Alcohol Policy.

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

Witnessed By: \_\_\_\_\_