



A ChandlerMay Company

Application for Employment
Department of Human Resources
125 Venture Drive, Suite 110
San Luis Obispo, CA 93401
Phone (805) 541.4448 / Fax (805) 541.1442
EEO Employer

POSITION FOR WHICH YOU ARE APPLYING:				
Check all that you may be interested in: Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/>				
Last Name		First Name		Middle Initial
Mailing Address		City		
State	Zip	Home Telephone No.	Business Telephone No.	Cell Telephone No.
Driver's License #	State	Expiration Date	Over 18 years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-Mail Address
Have you ever been convicted of a felony since your 18th birthday? If you answered yes, please complete the following: (Conviction is not an automatic bar to employment. Each case is considered on its individual merits). <i>Nature of Offense</i> <i>Name & Location of Court</i> <i>Date of Conviction</i>				(Inaccurate information here will result in disqualification.) <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your educational or employment records found under a different last name? If yes, please give the last name. <i>Previous Last Name</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or forced to resign from any position? If yes, please give employer, date and reason. <i>Employer</i> <i>Date and Reason</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives working for AME Unmanned Air Systems? If yes, please complete the following: <i>Name</i> <i>Relationship</i> <i>Department</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, are you authorized to work in the United States? For non citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to appointment.				<input type="checkbox"/> Yes <input type="checkbox"/> No
References				For Office Use Only: Date and Time Received
Name		Telephone Number		
				Accepted by:

EDUCATION AND TRAINING

ELEMENTARY AND HIGH SCHOOL EDUCATION

Highest Grade Completed (choose one) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Did you graduate from High School or obtain a GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name and Location of Last School Attended (High School, Junior High or Elementary) Name: _____ Date: _____ Location: _____
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RELATED SPECIAL TRAINING (CORRESPONDENCE, BUSINESS, TRADES, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.)

Names and Locations of School	Dates Attended (Mo & Yr)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

COLLEGES AND UNIVERSITIES ATTENDED (UNDERGRADUATE & GRADUATE) Must be from a recognized accredited school

Names and Locations of School(s)	Dates Attended (Mo & Yr)		Type of Degree Earned (e.g.BA/BS)	Major	Minor
	From	To			

SKILLS OR LICENSES:**EMPLOYMENT HISTORY**May we contact your present employer? YES NO

1	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and Address (city and state are required)		
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number

Title of Position Held	Number of Employees You Supervised	Salary
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Describe Job Responsibilities:

Reason for Leaving:

2	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and Address (city and state are required)		
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number

Title of Position Held	Number of Employees You Supervised	Salary
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Describe Job Responsibilities:

Reason for Leaving:

3	Starting Date month / day / year	Ending Date month / day / year	Employer/Company Name and Address (city and state are required)		
	<input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer		Hours per Week	Name & Title of Immediate Supervisor	Telephone Number

Title of Position Held	Number of Employees You Supervised	Salary
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Describe Job Responsibilities:

Reason for Leaving:

CONDITIONS OF EMPLOYMENT STATEMENT

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give AME Unmanned Air Systems the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to AME Unmanned Air Systems by schools and other education institutions that I have attended.

I understand that the completion of this application does not assure me of a position with AME Unmanned Air Systems and does not obligate AME Unmanned Air Systems in any way. **I further understand that any misrepresentation herein may cause my application to be rejected and/or subject me to dismissal.** Candidates selected for hire may be requested to pass a drug screen prior to employment. I am aware that the results will be made available to the Human Resources Manager or a duly authorized representative. AME Unmanned Air Systems is committed to a drug free work place to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.

I understand that this application, exam documents and attachments become a part of AME Unmanned Air Systems records and will not be returned, reused or copied for me once submitted.

By my signature, I certify, authorize and acknowledge the above statements.

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Signature

Date

Social Security Number

(Unsigned applications will not be considered)

VOLUNTARY APPLICANT DATA

The information requested in the following questions is purely voluntary and will not affect you as an applicant. This information will be used to determine if our recruitment efforts are reaching all segments of the community, to meet Federal EEO reporting requirements and to conduct background checks.

Last Name			First Name			Middle Initial		
Gender				Ethnic Origin				
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Hispanic or Latino <input type="checkbox"/>			Non-Hispanic or Non-Latino <input type="checkbox"/>			
Race								
American Indian/ Alaskan Native <input type="checkbox"/>				Native Hawaiian or other Pacific Islander <input type="checkbox"/>				
Asian <input type="checkbox"/>	Black <input type="checkbox"/>		White <input type="checkbox"/>		Two or more <input type="checkbox"/>			

VETS 100 Veteran Status:

Special Disabled <input type="checkbox"/>	Newly Separated <input type="checkbox"/>	Vietnam Era <input type="checkbox"/>	*Other Protected <input type="checkbox"/>	Last Date of Service: _____
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*Other Protected Veterans' means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

Please indicate how you learned about this job:

Job Posting		Organizations		Other	
LinkedIn <input type="checkbox"/>	SLOJobs.com <input type="checkbox"/>	High school <input type="checkbox"/>	Employee <input type="checkbox"/>		
Monster <input type="checkbox"/>	Private Employment Agency <input type="checkbox"/>	Vocational/Trade School <input type="checkbox"/>	Walk-in <input type="checkbox"/>		
Craigslist <input type="checkbox"/>		College <input type="checkbox"/>	Other: _____		

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Hiring Manager's Evaluation:
