



Employment Application

We thank you for the opportunity to review your qualifications so we can consider your special skills and abilities for employment with BISCHOFF AEROSPACE, INC.

Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for are filled, whichever first occurs.

EQUAL OPORTUNITY EMPLOYER

BISCHOFF AEROSPACE, INC and its Clients fully subscribe to the principles of Equal Employment Opportunity.

Our policies are to provide:

- 1.- Employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law.
- 2.- In accordance with requirements of the Americans With Disabilities Act , Reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment.

As Equal Opportunity Employers, we intend to comply fully with applicable Federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws.

GENERAL INSTRUCTIONS

- Please type or print in ink.
- To be considered for employment, complete your application in its entirety, sign and date at the end of the form.
- All information you submit is subject to verification.

Thank you and Welcome to BISCHOFF AEROSPACE INC.

Date: _____

Name: _____

Position: _____

Phone Number: _____

S.S.#: _____

ID/ Driver's license:: _____

POSITION APPLIED FOR

Position :

Salary expectations:

Date:

PERSONAL DATA

Last Name

First

M.I.

Social Security No.:

Street Address

Apartment/Unit #

City

State

ZIP

Phone

E-mail Address

Are you at least 18 years old?

If not, state your age for child labor law purposes only

Are there any days, shifts or hours you will not work?
If yes, please explain

Are you available for out of town work?

YES NO

Will you work overtime, if required?

YES NO

When will you be able to start work?

Have you ever applied or worked for this company?

YES NO

If so, when?

How did you learn about our company?

I referral, who were your referred by?

RESIDENCES

Please provide your addresses of residence for the past seven (7) years beginning with the most recent address.

Street Address	City	State	Zip Code	From	To

Name:

Social Security No.:

EMERGENCY CONTACT

Name	Relation	Phone
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EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

DRIVING RECORD

Answer only if driving is a requirement of the job for which you are applying.

Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State:	License No.
Have you had any tickets?	If yes, please explain:			
Have your license ever been suspended or revoked?	If yes, please explain:			
Do you have any DUI or DWI convictions?	If yes, please explain:			

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Name:	Social Security No.:

PREVIOUS EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job, employees supervised. Use a separate block to

describe each position or gap in employment.

1	Company		Phone ()
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Duties and Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
2	Company		Phone ()
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Duties and Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3	Company		Phone ()
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Duties and Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
4	Company		Phone ()
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Duties and Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name:		Social Security No.:	

PREVIOUS EMPLOYMENT (continue)

PREVIOUS EMPLOYMENT (continue)

Please explain any gaps in your employment history

Have you ever been discharged or forced to resign?

If Yes, please explain:

Have you received any disciplinary action in the last 12 months of active employment?

If yes, please explain:

Were you given a performance evaluation within the last 12 months of active employment?

If yes, what was the range of scores used and what was your score?

Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for this company?

If so, please explain (you may be required to furnish a copy of the agreement)

MILITARY SERVICE

Complete only if you served in the military.

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

KNOWLEDGE / SKILL / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.)

Name:

Social Security No.:

BACKGROUND INFORMATION

Answering "yes" does not automatically exclude you from further consideration for the position. If yes, please explain.

Have you ever been convicted of a felony? YES NO Date of Conviction:

If yes, please explain:, including penalty imposed

Have you been convicted within the last seven (7) years of misappropriation of funds, embezzlement, or similar for other dishonest conduct; or an offense involving the use of a weapon; for burglary, robbery, breaking and entering or theft; or physical assault or other violent crime? YES NO

If "yes", please explain:

Have you been a defendant in a civil action for an intentional tort (International Commission of a Wrongful Act)? YES NO

If "yes", please explain, including nature of the international tort and the disposition of the action.

CITIZENSHIP/WORKING AUTHORIZATION

The Federal Immigration Reform and control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within three (3) business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? YES NO

RELATIVES

Name:	Social Security No.:



SUBSTANCE ABUSE INFORMATION for DOT/FAA DRUG TESTING

(BISCHOFF AEROSPACE, INC) complies with the drug testing regulations of the Department of Transportation (DOT) (49 CFR part 40) and the Federal Aviation Administration (FAA) (14 CFR part 120).

Community Service Hotline. If you have any personal problems or questions concerning drug abuse and need to confide in someone, you are encouraged to contact:

Name: Jessica A. Mora Title: FAA DER Telephone: 305-883-4410.

For More Information About DOT and FAA Requirements or our Company Policy, contact (Guillermo F Bischoff) at (305-883-4410).

For more information relating to the FAA/DOT program requirements, visit the following Web sites:

For FAA: https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/drug_alcohol/

For DOT: <http://www.dot.gov/odapc/>

Consequences of Using Drugs While Performing Safety-Sensitive Functions.

An employee who has engaged in prohibited drug use during the performance of a safety-sensitive function will be immediately removed from performing safety-sensitive functions and is permanently precluded from performing that safety-sensitive function for any FAA-regulated employer. Information is available in 14 CFR §120.111(e)(2).

Consequences of a Verified Positive Drug Test.

A covered employee who receives one (1) verified positive drug test result on a FAA required test will be immediately removed from safety-sensitive duties. An employee who has violated a FAA drug and/or alcohol violation cannot return to the performance of safety-sensitive functions until the employee has been evaluated by a Substance Abuse Professional and successfully completed the return-to-duty process outlined in 49 CFR Part 40, Subpart O (49 CFR §40.23(d)).

A covered employee who receives a second verified positive drug test on a FAA required test will be immediately removed from performing safety-sensitive functions and is permanently prohibited from performing that safety-sensitive function for any FAA-regulated employer. This information is available in 14 CFR §120.111(e)(1).

Consequences of Refusing to Submit to a Required Drug Test.

A covered employee who refuses to submit to a required drug test or who receives a verified adulterated or substituted drug test result must be immediately removed from performing safety-sensitive functions. The employee may not return to the performance of safety-sensitive duties until or unless the employee successfully completes the return-to-duty process outlined in 49 CFR Part 40, Subpart O. (49 CFR §40.23(d))

Reporting to the FAA.

(BISCHOFF AEROSPACE, INC) must notify the FAA of any employee who holds an airman medical certificate issued under 14 CFR Part 67 and violates the provisions of the FAA/DOT regulations, as described above. (14 CFR §120.113(d)(1)). In addition, any employee who holds a certificate under 14 CFR Part 61, Part 63, or Part 65 airman certificate and who has refused to submit to a FAA required drug test must be reported to the FAA.

Performing a safety-sensitive function: an employee is considered to be performing a safety-sensitive function during any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions. (14 CFR §120.7(k))

COMMONLY ABUSED DRUGS

Visit NIDA at www.drugabuse.gov

NIDA
NATIONAL INSTITUTE
ON DRUG ABUSE

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule */ How Administered**	Intoxication Effects /Potential Health Consequences
Cannabinoids			
hashish	boom, chronic, gangster, hash, hash oil, hemp	I/ swallowed, smoked	euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination/cough, frequent respiratory infections; impaired memory and learning; increased heart rate, anxiety; panic attacks; tolerance, addiction
marijuana	blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed	I/ swallowed, smoked	
Depressants			
barbiturates	Amytal, Nembutal, Seconal, Phenobarbital; barb, reds, red birds, phennies, tooties, yellows, yellow jackets	II, III, IV/injected, swallowed	reduced pain and anxiety, feeling of well-being, lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration/attention, fatigue; impaired coordination, memory, judgment; respiratory depression and arrest; addiction
benzodiazepines (other than flunitrazepam)	Alivan, Halcion, Librium, Valium, Xanax candy, downers, sleeping pills, tranquis	IV/ swallowed	Also, for barbiturates—sedation, drowsiness/depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness
flunitrazepam ***	Rohypnol® forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	IV/ swallowed, snorted	for benzodiazepines—sedation, drowsiness/dizziness
GHB***	gamma-hydroxybutyrate; G, Georgia home boy, grieveous bodily harm, liquid ecstasy	under consideration/swallowed	for flunitrazepam—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects
methaqualone	Quaalude, Sopor, Parest, ludes, mandrax, quod, quay	I/ injected, swallowed	for GHB—drowsiness, nausea/vomiting, headache, loss of consciousness, loss of reflexes, seizures, coma, death
			for methaqualone—euphoria/depression, poor reflexes, slurred speech, coma
Dissociative Anesthetics			
ketamine	Ketalar SV, cat Valiums, K, Special K, vitamin K	II/injected, snorted, smoked	increased heart rate and blood pressure, impaired motor function/memory loss; numbness; nausea/vomiting
PCP and analogs	phenocyclidine; angel dust, boat, hog, love boat, peace pill	I, II/injected, swallowed, smoked	Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest
			for PCP and analogs—possible decrease in blood pressure and heart rate, panic, aggression, violence/loss of appetite, depression
Hallucinogens			
LSD	lysergic acid diethylamide; acid, blotter, boomers, cubes, microdot, yellow sunshines	I/ swallowed, absorbed through mouth tissues	altered states of perception and feeling; (nausea/chronic mental disorders, persisting perception disorder (flashbacks))
mescaline	buttons, cactus, mesc, peyote	I/ swallowed, smoked	Also, for LSD and mescaline—increased body temperature, heart rate, blood pressure; loss of appetite, sleeplessness, numbness, weakness, tremors
psilocybin	magic mushroom, purple passion, strooms	I/ swallowed	for psilocybin—nervousness, paranoia
Opioids and Morphine Derivatives			
codeine	Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine; Captain Cody, Coody, schoolboy; (with glutethimide) doors & toots, pancakes and syrup	II, III, IV/injected, swallowed	pain relief, euphoria, drowsiness/respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, coma, tolerance, addiction
fentanyl	Actiq, Duragesic, Sublimaze; Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	II/injected, smoked, snorted	Also, for codeine—less analgesia, sedation, and respiratory depression than morphine
heroin	diacetylmorphine; brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	I/ injected, smoked, snorted	for heroin—slaggering gait
morphine	Roxanol, Duramorph; M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
opium	laudanum, paregonic; big O, black stuff, block, gum, hop	II, III, IV/ swallowed, smoked	
Stimulants			
amphetamine	Biphetamine, Dexedrine; bennies, black beauties, crosses, hearts, LA tamaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy; increased mental alertness/rapid or irregular heart beat; reduced appetite, weight loss, heart failure
cocaine	Cocaine hydrochloride; blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	Also, for amphetamine—rapid breathing, hallucinations/tremor, loss of coordination; irritability, moodiness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance, addiction
MDMA (methyl-enedioxymethamphetamine)	DOB, DOM, MDA, Adam, clarity, ecstasy, Ew, lover's speed, peace, STP, X, XTC	I/ swallowed	for cocaine—increased temperature/chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition
methamphetamine	Desoxy; chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	II/injected, swallowed, smoked, snorted	for MDMA—mild hallucinogenic effects, increased tactile sensitivity, empathic feelings, hyperthermia/impaired memory and learning
			for methamphetamine—aggression, violence, psychotic behavior/memory loss, cardiac and neurological damage; impaired memory and learning, tolerance, addiction

*Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use. Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered early. Most Schedule I drugs are available over the counter.

**Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

***Associated with sexual assault.



BISCHOFF AEROSPACE, INC PERSONNEL NOTES:

APPLICANT's ACKNOWLEDGMENT

I certify that my answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Employer(s) with or without notice or cause at any time. I further understand that no oral promise, Employer(s) policy, custom, business practice or other procedure (including the Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer(s).

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria, for example: I may be required to take job-related tests, take a driver's examination, submit to a background investigation, take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests.

I authorize BISCHOFF AEROSPACE, INC and its clients to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and to other BISCHOFF AEROSPACE, INC clients for whom I have applied for employment, and release BISCHOFF AEROSPACE INC, and its clients from any and all claims related to the lawful release of this information.

I acknowledge that Bischoff Aerospace has provided me with SUBSTANCE ABUSE INFORMATION for DOT/FAA DRUG TESTING and with a COMMONLY ABUSED DRUGS CHART. Alcohol and drug abuse hotlines are also posted on the company's message board.

I acknowledge that this application will remain active for thirty (30) days from this date. If I have not heard from the Company at the conclusion of this thirty (30) day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

Signature	Date
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**BISCHOFF AERO SPACE INC IS AN EQUAL OPPORTUNITY AVIATION COMPANY
A DRUG FREE MAINTENANCE FACILITY**

BISCHOFF AEROSPACE PERSONNEL OFFICIAL ONLY