



AOPA™

your freedom to *fly*

Employment Application

AOPA is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, disability, sexual orientation, genetic information, personal appearance, gender identity or expression, family responsibilities, matriculation, political affiliation or any other basis prohibited by applicable laws.

General Information

(Please print or type)

Date: _____

Name: _____
Last Name First Name Middle

Address: _____
Number & Street City State Zip Code

Telephone Number with Area Code Day: (____) _____ Evening:(____) _____

Position applied for: _____

Full Time Part Time Temporary

First learned of position from: _____

Are you legally authorized to work in the United States without limitation or restriction? Yes No

Do you have a contractual agreement, such as a non-competition agreement, that could potentially limit your employment with us? Yes No

Salary Expected: \$ _____ Date Available _____

If you are under 18 years, can you provide a work permit if required for the position you are applying for?

Yes No

Personal History

Have you previously applied for employment with AOPA? Yes Date: _____ No

Have you worked for AOPA before? Yes No

If yes, list dates, departments, and titles: _____

Education: Only job-related education will be considered

Name/Location of School	Last Year Completed	Did You Graduate?	Major Courses/ Degree Received
High School	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Business	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Courses taken related to desired work: _____

Additional Qualifications

Special experiences, skills or qualifications. List any special experiences, skills or qualifications you have that you believe would help you in the job applied for: _____

List any special licenses or certifications you have that you believe would help you do the job applied for (*i.e., pilot certificate and ratings, professional certifications such as: CPA, CFI, AME, CAPM SPHR/PHR, etc.*): _____

List any experience you have in operating business equipment/software that you believe would be useful in the job applied for (*i.e., MS Office Suite: Word, Excel, Outlook, PowerPoint, or Access*): _____

If required for the job you are seeking, do you type? Yes No

If so, give approximate speed: Typing _____ wpm

Please feel free to add any information pertaining to your qualifications for the job which you are applying (*i.e. such as honors, awards, business or civic activities, offices held, etc.*), you may exclude memberships which would reveal sex, race, national origin, age, handicap, or other protected status: _____

Prior Employment

Give the following information for all prior and present employers, beginning with the most recent. If necessary, use additional sheets to fully cover your employment history. A resume may be attached to supplement this information, but will not be accepted as a substitute for completion of this section.

Employer	Dates of Employment	Name of Supervisor	Pay Rate	Reason For Leaving
Name: Address: Phone Number:				
Job title and description of worked performed				
Name: Address: Phone Number:				
Job title and description of worked performed				
Name: Address: Phone Number:				
Job title and description of worked performed				
Name: Address: Phone Number:				
Job title and description of worked performed				

Did you have any disciplinary problems (warnings, suspensions, dismissals) with any previous employer? If so, please describe the facts and circumstances and where you were employed at the time: _____

Business, Professional or Educational References

(Other than supervisors named on the previous page)

Name: _____ Occupation: _____ Years Know: _____

Address: _____ Area Code/Phone No.: _____

Name: _____ Occupation: _____ Years Know: _____

Address: _____ Area Code/Phone No.: _____

Information for Applicant

(Read carefully before signing)

1. This application is valid for only 90 days. If you have not been hired within 90 days of your application, you must re-apply in writing in order to receive further consideration.
2. AOPA complies fully with the provisions of the Immigration Reform and Control Act of 1986 with respect to the employment eligibility of all employees who work legally in the United States. If you accept employment with AOPA, you will be required to verify your identity and demonstrate employment eligibility by completing Form I-9 and presenting acceptable documents from those listed on the back of that form within (3) days of hired. AOPA does not discriminate in hiring, firing, or any terms or conditions of employment based upon an individual's national origin or citizenship.
3. By your signature below, you agree to the following:
 - a. I understand that any false statements or omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.
 - b. I consent to take any examinations, including but not limited to tests for alcohol or drugs, that may be requested by AOPA: (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans With Disabilities Act. I further authorize any health care professional or testing facility who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to AOPA. I understand that if my drug screen is positive for any illegal substance, that any offer of employment will be rescinded, or if I have already commenced work, I may be terminated.
 - c. I understand that any employment I might be offered by AOPA or its affiliates is "at will" and of indefinite duration, and that either I or AOPA can terminate that employment at any time and with or without notice for any or no reason, that no agreement to the contrary will be recognized by AOPA unless made in writing and signed by the President of AOPA, and that none of AOPA's practices or policies are to be construed as imposing any contractual or binding obligations on AOPA and that they are subject to change and deletion at any time. I further understand that, although there is an initial period of the first 90 days of employment, subject to extension at AOPA's discretion, during which I will be considered to be in provisional or probationary status and will not be eligible to earn or use certain benefits available to other employees, my successful completion of that initial period will not change my status as an at-will employee.
 - d. I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact AOPA's Human Resource Manager or President immediately to obtain assistance in the resolution of those matters.

I have read this Employment Application and its attachments and I fully understand its contents. By my signature below, I hereby certify that I have answered all questions fully, have provided truthful and accurate answers to all questions, and have not omitted any information called for in the application. I further agree that I am seeking employment with AOPA under the terms and conditions described in the Employment Application and its attachments.

Date

Signature of Applicant



FAIR CREDIT REPORTING ACT DISCLOSURE

(Required use under Section 604(b) of the FCRA)

Aircraft Owners and Pilots Association (AOPA) intends to obtain and use a consumer report or an investigative consumer report, including a credit check depending on the position to which you are applying and criminal background check from an external consumer reporting agency, to be used for employment purposes. These purposes may include but are not limited to:

- considering your application for employment;
- making a decision whether to offer you employment with the company;
- deciding whether to continue your employment (if you are hired by AOPA);
- doing periodic rescreening of current employees, and/or;
- making any other employment decisions affecting you.

A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers. As an applicant or an employee, you are considered a “consumer” under the Fair Credit Reporting Act.

A consumer report may include information about your character, general reputation, personal characteristics, or mode of living, which is used or collected for employment purposes. An investigative consumer report also involves personal interviews with sources such as employers, educators, etc.

The term “investigative consumer report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information. However, such information shall not include specific factual information on a consumer’s credit record obtained directly from a creditor of the consumer or from a consumer reporting agency when such information was obtained directly from a creditor of the consumer or from the consumer.

You have a right to request disclosures of the nature and scope of any investigative consumer report that the company obtains about you. Specifically, please take notice that, pursuant to 15 U.S. C. Section 1681d and Md. Comm. Law Code Ann, Section 14-1204:

Any person who procures or causes to be prepared an investigative consumer report on any consumer shall make, upon written request made by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection (a)(1) of this section, a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in a writing mailed, or otherwise delivered, to the consumer not later than five days after the date on which the request for the disclosure was received from the consumer or the report was first requested, whichever is the later.

You also have other rights under the Fair Credit Reporting Act, a summary of which is attached and also is available at: <http://www.consumer.ftc.gov/sites/default/files/articles/pdf/pdf-0096-fair-credit-reporting-act.pdf>.

ACKNOWLEDGMENT/AUTHORIZATION

I hereby authorize AOPA to obtain consumer reports and investigative consumer reports about me from a consumer reporting agency and that they may consider information in consumer reports and investigative consumer reports as part of their decision making process regarding any aspect of my application for employment and/or continued employment with AOPA if I am hired, including periodic rescreening of current employees. I also acknowledge that I have received a copy of the Summary of Rights under the Fair Credit Reporting Act

Signature _____

Full Legal Name (please print) _____ Date _____



RELEASE

I release, promise to hold harmless and covenant not to sue AOPA and its employees and agents on the basis of its attempts to obtain, and its receipt and use of, any of the foregoing information, and I further release, promise to hold harmless and covenant not to sue AOPA's external consumer reporting agency, on the basis of its disclosures to AOPA, regardless of whether those disclosures adversely affect my opportunities for employment or otherwise cause me harm.

Signature _____

Full Legal Name (please print) _____ Date _____



Sex, Race and Ethnic Group Voluntary Identification Form

**Detach from Application and Hand in Separately
DO NOT SIGN OR OTHERWISE INDICATE YOUR NAME ON THIS FORM**

Position applied for: _____ Date of application: _____ Sex: _____

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

AOPA is subject to certain nondiscrimination recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/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 federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires AOPA to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the one box that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** 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.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.



Reference Release Form

I, _____, having filed an application to work as an _____ at Aircraft Owners & Pilots Association (Job you are applying for) (AOPA) do hereby authorize AOPA to seek from school officials, Health Care Providers, previous employers, and other persons, firms or institutions contacted by AOPA to release to it any and all information in their knowledge or possession pertaining to my employment history or my qualifications and ability to work at the above named job. This includes but is not limited to information and opinions pertaining to those duties, my salary history, my academic record, my ability to work and any performance, behavior, attitude or other problems or good points perceived by them.

I release, promise to hold harmless and covenant not to sue AOPA on the basis of its attempt to obtain any of the foregoing information. I further release, promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to AOPA on the basis of their disclosures, regardless of whether those disclosures adversely affect my opportunities for employment or otherwise cause me harm.

I have signed this release voluntarily and of my own free will.

Date

Signature of Applicant