



AVIONICS SPECIALIST, INC.
 3833 PREMIER AVENUE
 MEMPHIS, TN 38118 U.S.A.
 (901)362-9700 Fax (901) 375-8310
 Email: wlaw@avionics-specialist.com

EMPLOYMENT APPLICATION

(NOTE: PLEASE COMPLETE ALL PAGES PERSONALLY)

This Company is an Equal Opportunity Employer. It is our policy to abide by all Federal and State laws prohibiting employment discrimination on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status or physical handicap.

Date of Application _____ / _____ / _____
 Month Day Year

GENERAL INFORMATION

Name in Full: _____
 LAST FIRST MIDDLE

Present Address: _____
 STREET CITY STATE ZIP

E-Mail Address _____

Are you over the age of 18? YES NO

Are you a citizen of the United States or otherwise authorized to accept employment in the United States?
 YES NO

Home telephone number (or number where you can be reached): _____

Have you ever worked for this company before? YES NO

If Yes, where and when? _____

Have you any relative (blood or by marriage) working for this company? YES NO
 If so, where and when? _____

What is your transportation to work? _____

Are you able to work overtime hours if required to do so? YES NO

Have you ever been convicted of any criminal offenses other than minor traffic violations? YES NO
 If yes, when? _____ For what? _____ Explanation: _____
 _____ Convictions are not necessarily a bar to employment.

If more than one job is listed and described on attachment A, which job or jobs are your applying for: _____

If you are not applying for a job listed and described on Attachment A, or wish to apply for an additional job, which job do you wish to apply for? _____

Are you able to perform all the requirements of the job or jobs for which you are applying as described on Attachment A? YES NO

If not, which requirement are you unable to perform and why? _____

Approximate number of working days lost through illness or accidents during the past two years? _____
Describe the cause _____
What are your salary requirements? _____

EDUCATION

State the highest level or grade of education completed: _____
Certificates, diplomas, or degrees earned: _____
List any additional education, including vocational training, certificate courses, and graduate studies you have attended: _____
Favorite subjects: _____ Offices, honors & awards: _____
Extracurricular activities: _____
Have you attended any type of company sponsored training courses? YES NO
If so,
describe: _____

PREVIOUS EMPLOYMENT

Please complete this section accurately, beginning with present or last job and covering all full time employment.

1.
Company: _____
Address: _____
Starting---Date: _____ Title: _____ Starting Rate: _____
Present----Date: _____ Title: _____ Finishing Rate: _____
Your supervisor: _____ Nature of your work: _____
List all positions held with this employer: _____
Reasons for leaving: _____
What did you like best about this job? _____
What did you dislike most about the job? _____

2.
Company: _____
Address: _____
Starting---Date: _____ Title: _____ Starting Rate: _____
Present----Date: _____ Title: _____ Finishing Rate: _____
Your supervisor: _____ Nature of your work: _____
List all positions held with this employer: _____
Reasons for leaving: _____
What did you like best about this job? _____
What did you dislike most about the job? _____

3.
Company: _____
Address: _____
Starting---Date: _____ Title: _____ Starting Rate: _____
Present----Date: _____ Title: _____ Finishing Rate: _____
Your supervisor: _____ Nature of your work: _____
List all positions held with this employer: _____
Reasons for leaving: _____
What did you like best about this job? _____
What did you dislike most about the job? _____

4.
Company: _____
Address: _____
Starting---Date: _____ Title: _____ Starting Rate: _____
Present----Date: _____ Title: _____ Finishing Rate: _____
Your supervisor: _____ Nature of your work: _____
List all positions held with this employer: _____

Reasons for leaving: _____
What did you like best about this job? _____
What did you dislike most about the job? _____

MILITARY

Have you ever served in the military? YES NO
Date Entered: _____ Date Separated: _____
Which branch of service? _____ Rank: _____
Duties performed: _____

ACTIVITIES

Membership in civic, professional or social organizations, excluding any organization, the name or character of which indicates the race, creed, color, religion or national origin of its members:

Hobbies or interests? _____
What do you like to do when on vacation? _____
What are your plans for the future? _____
Which of your previous jobs did you like most and why? _____
Which of your previous jobs did you like least and why? _____

OTHER

What do you believe qualifies you for the position you are seeking with this company?

I certify that all of the information I have provided on this application is true and accurate.

Signature of Applicant

Date

In compliance with the Americans with Disabilities Act (ADA), if accommodations are needed for the application process, please inform Human Resources at wlaw@avionics-specialist.com or phone (901) 362-9700.

NOTICE TO ALL EMPLOYEES:

Avionics Specialist, Inc. is a F.A.A. Certified Repair

Station and complies with D.O.T. Drug and Alcohol

Testing Requirements

AVIONICS SPECIALIST, INC.

ALCOHOL MISUSE PREVENTION PROGRAM

SUMMARY

Avionics Specialist, Inc.'s Alcohol Misuse Prevention Program prohibits certain conduct by and requires alcohol testing of all personnel. Alcohol tests will be conducted by qualified technicians on evidential breath testing devices approved by the National Highway Traffic Safety Administration (NHTSA). Persons who violate this regulation will be subject to consequences, including removal from safety sensitive functions. Avionics Specialist, Inc. has established its own policies with respect to employees who misuse alcohol. These policies are not governed by D.O.T./F.A.A. regulations, but are developed and enforced solely by Avionics Specialist, Inc.

Avionics Specialist, Inc. will conduct random testing for all employees. The Company will use a computer based random selection process using employee identification numbers.

Alcohol consumption while on duty is strictly prohibited.

Any employee found to have an alcohol concentration of 0.04 or greater may not report for duty or remain on duty in a position requiring the performance of safety-sensitive functions. The employee will be sent home for the remainder of the shift without pay. The employee will be retested at the beginning of the next shift before they will be allowed to return to duty.

If a covered employee is found to have an alcohol concentration of 0.02 or greater, but less than 0.04, that employee will be immediately removed from performing safety-sensitive functions until the employee is re-tested with a result below 0.02, or until the start of the employees next regularly scheduled duty period, if it occurs at least 8 hours following administration of the test.

Any employee who registers an alcohol concentration of 0.02 - or above on an F.A.A. mandated test will be sent home for the day in a unpaid status the first time such a test result is obtained in addition to all appropriate disciplinary procedures and may be required to be evaluated and treated as a condition to further employment. Any employee who twice registers an alcohol concentration of 0.02 - or above on F.A.A. mandated tests will be subject to termination or evaluation and treatment at the company's option. In extraordinary circumstances, this company may exercise the right to retest an employee rather than send the employee home.

Follow-up tests will be unannounced and at least 6 tests must be conducted in the first 12 months after the employee is back on the job. Follow-up testing may continue for up to 60 months.

**EMPLOYEE DRUG RECORD
TO BE FILED WITH DRUG PROGRAM MANAGER**

EMPLOYEE: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE NUMBER: _____

CFR 49 Section 40.25 requires Department of Transportation (DOT) regulated companies to check the record of new employees who were previously employed by a DOT regulated employer.

- 1) Have you been employed by any DOT regulated aviation company within the last 24 months prior to the date of your application or transfer to a safety-sensitive position?

YES

NO

If yes, please provide the name and address of the facility. (If more than one, list the names and addresses on the back of this form.)

- 2) Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? (Check one.)

YES

NO

Signature of Employee or Applicant

Date

AVIONICS SPECIALIST, INC.

SUBSTANCE ABUSE POLICY

Avionics Specialist, Inc. is required by the Federal Aviation Administration to comply with Part III, Department of Transportation 14 CFR, Part 61 Anti-Drug Program for Personnel Engaged in Specified Aviation Activities and FAR 121 Appendix I. It is the policy of Avionics Specialist, Inc. to maintain a Drug-Free Workplace.

PRE-EMPLOYMENT SCREENING

All applicants being considered for hire by Avionics Specialist, Inc. will be required to submit to a pre-employment drug screening. The cost for this drug screening will be the responsibility of the Company. All applicants will be screened for the following drugs: Amphetamines, Cannabinoids, Cocaine Metabolites, Opiates and Phencyclidine.

A covered employee is defined as an employee who performs one or more sensitive safety and/or security related functions as defined in the CFR above.

In the event a prospective employee fails a drug test, then the Company will not hire or re-hire the individual at that time. However, this does not prevent the company from hiring the individual at a later date if he/she has shown satisfactory completion of a Drug Rehabilitation Program to the satisfaction of the company's Medical Review Officer.

RANDOM TESTING

The Company will conduct random testing for all employees. The Company will use a computer based random selection process using employee identification numbers.

REASONABLE CAUSE TESTING

A covered employee will submit to drug testing based on reasonable cause when at least two supervisors, one of whom is trained in detecting the indicators of drug use, substantiate and concur in the decision to test a covered employee who is reasonably suspected of drug or alcohol misuse.

POST ACCIDENT TESTING

Any covered employee who has been involved in a work related accident will be tested for the presence of drugs as soon as possible, but not more than 32 hours after the accident.

Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. We are therefore requesting information about race and gender in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with Federal affirmative action regulations.

Name: _____ Date: _____

Position: _____

- MALE FEMALE I CHOOSE NOT TO SELF-IDENTIFY
 WHITE (not Hispanic or Latino) BLACK or AFRICAN AMERICAN (not Hispanic or Latino)
 HISPANIC OR LATINO ASIAN (not Hispanic or Latino)
 AMERICAN INDIAN/ALASKA NATIVE (not Hispanic or Latino)
 NATIVE HAWAIIAN or PACIFIC ISLANDER (not Hispanic or Latino)
 TWO or MORE RACES (not Hispanic or Latino)
 I CHOOSE NOT TO SELF-IDENTIFY

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A “disabled veteran” is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
 - A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
 - An “active duty wartime or campaign badge veteran” means a veteran 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 under the laws administered by the Department of Defense.
 - An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor

subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN