

ROBINSON HELICOPTER COMPANY

An Equal Opportunity Employer EMPLOYMENT APPLICATION

Date _____ Name _____ Social Security # _____

Address _____
(Street) (City) (State) (Zip)

Telephone _____ Cell _____ Driver's Lic. No. _____

If you are under twenty-five years of age, give birth date _____

Person to be notified in case of an emergency _____
(Name) (Telephone)

Address _____
(Street) (City) (State) (Zip)

Position Applied For _____ Minimum Salary Requirements _____

Referred by _____ List relatives employed by Robinson _____

EDUCATION

Name & Location of School	Last Year Completed	Major	Diploma/Degree
High School			
College or University			
Trade/Business School			
Licenses/Special Skills			

EXPERIENCE – Companies for which you have worked. List employers starting with the most recent. Also, please list any period of unemployment so that all periods during the last ten years are accounted for.

Employer	From	Position/Job Description	Specific Reason for Leaving
Address	To		
Supervisor	Total Years		
Telephone	Rate \$		
Employer	From	Position/Job Description	Specific Reason for Leaving
Address	To		
Supervisor	Total Years		
Telephone	Rate \$		
Employer	From	Position/Job Description	Specific Reason for Leaving
Address	To		
Supervisor	Total Years		
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Address	To		
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Telephone	Rate \$		
Employer	From	Position/Job Description	Specific Reason for Leaving
Address	To		
Supervisor	Total Years		
Telephone	Rate \$		
Employer	From	Position/Job Description	Specific Reason for Leaving
Address	To		
Supervisor	Total Years		
Telephone	Rate \$		

Non-Administrative Applicants – The type of work required in the factory will require the applicant from time to time to lift up to forty (40) pounds. Can you perform that task? If no, Please explain. Yes No

Do you have any limitations on your ability to perform the job classification for which you are applying? If yes, describe the limitations. Yes No

If necessary, would you be willing to work second shift? Yes No

Date you can begin work _____

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

I hereby swear that the above information is true and correct to the best of my knowledge and I understand that any omission or misrepresentation of a material fact in this application may result in my termination. I hereby authorize the company to make any investigation of my background deemed necessary. I have no objection to signing an employee arbitration agreement or an agreement on confidential information and inventions, or taking a job-related physical examination, or disclosing any information, which may affect my job performance. I agree to submit to an alcohol and /or drug test for marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines as part of my application for employment and to release these tests results to the company. I fully understand that either a positive test result or refusal to submit to the drug testing procedure may disqualify me from further consideration from employment. By signing below, I agree that any employment offered is on an “at will” basis. Employment may be terminated with or without cause, at anytime for any reason.

Signature of Applicant

Date of Signature

TO BE FILLED IN BY INTERVIEWER

Interviewed by _____ Date _____ Time _____

Results of Interview _____