

SARAA
 One Terminal Drive, #300
 Middletown, PA 17057
 (717) 948-3900 FAX (717) 948-4636

Qualified applicants receive consideration for employment without discrimination because of gender, sexual preference, marital status, race, color, creed, national origin, age, or the presence of a disability.

EMPLOYMENT APPLICATION

**Questions must be answered in your own handwriting. Complete all questions.*

Name: _____ Social Security No.: _____
 Home Telephone No.: () _____ Message Telephone No.: () _____
 Address: _____

Street Address City State Zip
 Are you 18 years of age or older? Yes No Are you legally eligible for employment in the USA? Yes No

JOB INTEREST: Position for Which application is made:

Position: _____ On Call Part Time Full Time

 Driver's License Number: _____ Are you willing to work overtime? Yes No

AUTOMOTIVE/MECHANICAL TRADES

List all automotive equipment operated: _____

 List all automotive/mechanical trades knowledge or experience. _____

EDUCATION

	Name and Location	Dates Attended	Course of Study	Diploma/Degree
Grammar School				
High School				
College				
College				
Trade, Business, Etc.				

Do you have special experience, skills license or education that might be useful in the position for which you are applying or in other positions with the Company? If so, please explain. _____

 Personal Goals: _____

ADDITIONAL DATA

If you have previously been employed by SARAA? If so give dates: _____
 If related to a SARAA employee, state employee's name: _____ (Policy prohibits an employee from working under the direct supervision of a relative.)
 Have you been charged or convicted of a felony or misdemeanor or released from prison in the past 10 years? Yes ___ No ___ (This information may not prevent you from being hired.)
 If yes, please explain. _____

HOW WERE YOU REFERRED TO SARAA: Newspaper Ad Employee Job Service Other:

REFERENCES: Please provide three personal references (name, address, phone number)

**Applicants who are unable to answer in their own handwriting may make other arrangements for answering.*

EMPLOYMENT HISTORY (Begin with most recent employer. Include all employment for the past **10** years. If you require additional space, please add on another sheet of paper.)

Employer		Employment Dates From: _____ To: _____	
Address		Starting Salary:	Ending Salary
Phone No.	Supervisor's Name and Title	Number of Hours Worked per Week	
Job Title, Duties and Responsibilities			
Reason for Leaving			
Information Verified Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____			

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Information Verified Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____			

If you are currently employed, may we contact your present employer? Yes No If no, why not? _____

Please account for any gaps in employment of thirty (30) days or more. This includes both self-employment and unemployment. Please explain. _____
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I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for termination of employment. Unless specifically indicated on this application to the contrary, I authorize my present or previous employers and/or supervisors to give any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of SARAA and understand that my employment and compensation can be terminated with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of SARAA other than the Director of Aviation, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. In some states, the law requires that SARAA have my written permission before obtaining consumer reports on me, and I hereby authorize SARAA to obtain such reports. I understand that it is the policy of SARAA to not refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA. I understand that if hired that I must provide satisfactory proof of identity and legal work authorization. If employed, I agree to submit to a medical examination. Any misrepresentation or false statement during such interview or examination may be sufficient cause for immediate termination of employment. **SARAA reserves the right to conduct pre-employment and employment drug/alcohol testing. I fully understand the foregoing and seek employment under these conditions.**

Date Submitted: _____

Signature: _____