



# Application for Employment

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## APPLICANT INFORMATION

Today's Date:	Social Security No:	
Last Name:	First Name:	Middle Name:
Street Address:		
City:	State:	Zip Code:
Daytime Phone:	Evening Phone:	Cell Phone:

## EMPLOYMENT DESIRED

Position you are applying for:

Summarize special skills and qualifications:

## GENERAL INFORMATION

Date you can start:	Referred by:
Salary Desired:	Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work for any employer in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Where? <span style="margin-left: 100px;">When?</span>

Have you ever been convicted of any misdemeanor or felony (other than minor traffic violations) in any county? (Answering yes will not automatic disqualify you for employment. Every case will be reviewed based on the position you are applying for)  
If yes, explain:

## JOB HISTORY INFORMATION (List employers beginning with most recent)

Employer:	Supervisor:	Position:
Address:		Phone:
Reason for Leaving:	Salary:	From: <span style="margin-left: 20px;">to</span>
Employer:	Supervisor:	Position:
Address:		Phone:
Reason for Leaving:	Salary:	From: <span style="margin-left: 20px;">to</span>
Employer:	Supervisor:	Position:
Address:		Phone:
Reason for Leaving:	Salary:	From: <span style="margin-left: 20px;">to</span>

Comments:

## DRUG AND ALCOHOL ABATEMENT PROGRAM

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?  Yes  No

**Co-Operative Industries Aerospace & Defense is a Drug and Alcohol Free Workplace. All perspective employees will be required to submit to a pre-employment drug screening for the following drugs; cocaine, marijuana, opiates, PCP and amphetamines.**

EDUCATION		
Education	Name and Location of School	Year Graduated
High School		
College		
Trade, Business, or Correspondence School		
Subjects of special study or research works:		
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you served in the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which branch?		Rank:
Are you currently a member of the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which branch?		

REFERENCES			
Give the names of three persons, not related to you, whom you have known at least one year			
Name	Address	Business	Years Acquainted

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time without previous notice.

Signature:

Date:

DO NOT WRITE BELOW THIS LINE			
Interviewed by:			Date:
Remarks:			
Start Date:	For Dept:	Starting Salary:	Employee No.: