



# MILLENNIUM

9050 W. MONROE CIRCLE  
WICHITA, KS 67209 316-821-9300

## EMPLOYMENT APPLICATION

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, ALL INFORMATION REQUESTED MUST BE PROVIDED. ANY FALSE STATEMENTS OR OMISSIONS OF ANY KIND ARE GROUNDS FOR DENYING EMPLOYMENT OR FOR DISMISSAL. MILLENNIUM IS AN EQUAL OPPORTUNITY EMPLOYER.

TODAYS DATE \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE OR MAIDEN
-----------	------------	------------------

PRESENT STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERMANENT STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NO. (INCLUDE AREA CODE) \_\_\_\_\_ WORK PHONE NO. (INCLUDE AREA CODE) \_\_\_\_\_ CELL TELEPHONE NO. (INCLUDING AREA CODE) \_\_\_\_\_

POSITION(S) DESIRED: FIRST CHOICE _____ SECOND CHOICE _____ <b>See our website at <a href="http://www.millennium.aero">www.millennium.aero</a> for more available positions!</b>	WILL YOU WORK OVERTIME YES <input type="checkbox"/> WHEN ASKED TO DO SO? NO <input type="checkbox"/>
--	---

REGULAR  SUMMER  PART TIME  INTERN  COOP STUDENT  TEMPORARY

HAVE YOU PREVIOUSLY WORKED AT MILLENNIUM CONCEPTS, INC.?  YES  NO FROM \_\_\_\_\_ TO \_\_\_\_\_  
WHICH COMPANY? \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT AT MILLENNIUM CONCEPTS, INC.?  YES  NO WHEN? \_\_\_\_\_  
WHICH COMPANY? \_\_\_\_\_

LIST OF RELATIVES WHO ARE, OR HAVE BEEN EMPLOYED BY MILLENNIUM CONCEPTS, INC.

NAME	RELATIONSHIP	NAME	RELATIONSHIP
------	--------------	------	--------------

LICENSE(S) HELD \_\_\_\_\_  
PROFESSIONAL, ENGINEERING, PILOTS, A&P, ETC...

SERIAL NUMBER OF LICENSE(S) \_\_\_\_\_

ARE YOU CURRENTLY WITH ANY SEARCH FIRM?  YES  NO IF YES, WHAT FIRM? \_\_\_\_\_

DO YOU NOW OR HAVE YOU EVER USED ANY OTHER NAME/ALIASES? \_\_\_\_\_

**EMPLOYMENT**

LIST ALL JOBS AND ACTIVITIES INCLUDING MILITARY SERVICE, SCHOOLS, PART-TIME EMPLOYMENT WHILE IN SCHOOL, AND SELF-EMPLOYMENT FOR THE PAST 10 YEARS. YOU MUST INDICATE A MINIMUM OF TEN YEARS EXPERIENCE OR TO THE AGE OF 18. ALL QUESTIONS MUST BE ANSWERED.

<p>EMPLOYER _____ ADDRESS _____          (PRESENT OR MOST RECENT) CITY STATE ZIP</p> <p>PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>NAME AND TITLE OF SUPERVISOR _____</p> <p>YOUR POSITION AND DESCRIPTION OF DUTIES: (ATTACH ADDITIONAL SHEETS IF NECESSARY)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FROM MONTH _____ YEAR _____          TO MONTH _____ YEAR _____</p> <p>BASE*          SALARY _____ PER _____</p> <p>REASON FOR LEAVING</p>
<p>EMPLOYER _____ ADDRESS _____          CITY STATE ZIP</p> <p>PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>NAME AND TITLE OF SUPERVISOR _____</p> <p>YOUR POSITION AND DESCRIPTION OF DUTIES: (ATTACH ADDITIONAL SHEETS IF NECESSARY)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FROM MONTH _____ YEAR _____          TO MONTH _____ YEAR _____</p> <p>BASE*          SALARY _____ PER _____</p> <p>REASON FOR LEAVING</p>
<p>EMPLOYER _____ ADDRESS _____          CITY STATE ZIP</p> <p>PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>NAME AND TITLE OF SUPERVISOR _____</p> <p>YOUR POSITION AND DESCRIPTION OF DUTIES: (ATTACH ADDITIONAL SHEETS IF NECESSARY)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FROM MONTH _____ YEAR _____          TO MONTH _____ YEAR _____</p> <p>BASE*          SALARY _____ PER _____</p> <p>REASON FOR LEAVING</p>
<p>EMPLOYER _____ ADDRESS _____          CITY STATE ZIP</p> <p>PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>NAME AND TITLE OF SUPERVISOR _____</p> <p>YOUR POSITION AND DESCRIPTION OF DUTIES: (ATTACH ADDITIONAL SHEETS IF NECESSARY)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FROM MONTH _____ YEAR _____          TO MONTH _____ YEAR _____</p> <p>BASE*          SALARY _____ PER _____</p> <p>REASON FOR LEAVING</p>

\* BASE SALARY IS YOUR BASIC RATE OF PAY EXCLUDING OVERTIME PREMIUMS, SPECIAL BONUSES OR ALLOWANCES. THE RATES YOU INDICATE MAY BE CHECKED WITH YOUR FORMER EMPLOYERS.

**EMPLOYMENT**

EMPLOYER _____ ADDRESS _____ CITY STATE ZIP PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME AND TITLE OF SUPERVISOR _____ YOUR POSITION AND DESCRIPTION OF DUTIES: (ATTACHE ADDITIONAL SHEETS IF NECESSARY) _____ _____ _____	FROM MONTH _____ YEAR _____ TO MONTH _____ YEAR _____ BASE* _____ SALARY _____ PER _____ REASON FOR LEAVING _____
EMPLOYER _____ ADDRESS _____ CITY STATE ZIP PHONE NUMBER: _____ MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME AND TITLE OF SUPERVISOR _____ YOUR POSITION AND DESCRIPTION OF DUTIES: (ATTACHE ADDITIONAL SHEETS IF NECESSARY) _____ _____ _____	FROM MONTH _____ YEAR _____ TO MONTH _____ YEAR _____ BASE* _____ SALARY _____ PER _____ REASON FOR LEAVING _____

**EDUCATION AND TRAINING**

HIGH SCHOOL RECORD \_\_\_\_\_ DID YOU GRADUATE?  YES  NO GED

NAME CITY STATE

**UNDERGRADUATE RECORD (IF HIRED YOU MAY BE REQUIRED TO FURNISH PROOF OF ANY DEGREE CLAIMED)**

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY	ATTENDED		DEGREE	MAJOR	DID YOU GRADUATE?		GPA	DATE GRADUATED OR ANTICIPATED
	FROM MO/YR	TO MO/YR			YES	NO		
	/	/						
	/	/						
	/	/						

**GRADUATE RECORD (IF HIRED YOU MAY BE REQUIRED TO FURNISH PROOF OF ANY DEGREE CLAIMED)**

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY	ATTENDED		DEGREE	MAJOR	DID YOU GRADUATE?		GPA	DATE GRADUATED OR ANTICIPATED
	FROM MO/YR	TO MO/YR			YES	NO		
	/	/						
	/	/						
	/	/						

**OTHER EDUCATION (TRADE, TECHNICAL, CORRESPONDENCE, AND MILITARY)**

NAME AND ADDRESS OF SCHOOL(S)	COURSE	DATE

DO YOU HAVE EXPERIENCE WITH THE FOLLOWING: <input type="checkbox"/> DO SET UP <input type="checkbox"/> READ BLUEPRINTS <input type="checkbox"/> CMM <input type="checkbox"/> LAY OUT <input type="checkbox"/> HAVE BASIC TOOLS OF TRADE <input type="checkbox"/> SIEMENS NX <input type="checkbox"/> FEMAP/NASTRAN <input type="checkbox"/> TSO/STC CERTIFICATION	TYPING _____ WPM <input type="checkbox"/> WORD PROCESSING <input type="checkbox"/> DATA BASE <input type="checkbox"/> SPREADSHEET	PC PROGRAMS _____ _____ _____
--	--	--

WHAT SHOP OR OFFICE MACHINES, SHOP EQUIPMENT, D.P. EQUIPMENT, ETC. CAN YOU OPERATE?

DESCRIBE SPECIAL SKILLS, TRADES, AND CRAFTS

**DOT**

HAVE YOU EVER HELD A DOT SENSITIVE POSITION?  YES  NO WHEN & WHERE? \_\_\_\_\_

**MISCELLANEOUS**

ARE YOU OVER THE AGE OF 18?  YES  NO

ARE YOU WILLING AND ABLE TO SUBMIT TO A PRE EMPLOYMENT DRUG TEST?  YES  NO

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT ACCOMMODATIONS?  YES  NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF FELONY?  YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**REFERENCES**

LIST THREE PERSONS (USE FULL NAMES) WHO HAVE KNOWN YOU OR HAVE WORKED WITH YOU FOR AT LEAST TWO YEARS.

FIRST NAME	MI	LAST	ADDRESS	PHONE	HOW LONG KNOWN

**STARTING SALARY**

STARTING SALARY IS OPEN FOR NEGOTIATION

I HAVE ESTABLISHED \$ \_\_\_\_\_ PER MONTH AS A MINIMUM STARTING SALARY

HOW SOON AFTER ACCEPTING AN OFFER COULD YOU REPORT FOR WORK? \_\_\_\_\_

ALL APPLICANTS FOR EMPLOYMENT WILL BE REQUIRED TO SUBMIT TO DRUG TESTING PROCEDURES AS A CONDITION OF EMPLOYMENT. THOSE INDIVIDUALS TESTING POSITIVE OR SUBMITTING A DILUTED SAMPLE WILL NOT BE CONSIDERED FOR EMPLOYMENT FOR SIX MONTHS FROM THE DATE OF THE POSITIVE TEST RESULTS.

I HEREBY CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS MADE ARE TRUE AND CORRECT, WITHOUT MENTAL RESERVATIONS OF ANY KIND WHATSOEVER AND I HEREBY AUTHORIZE ANY OF THE MILLENNIUM COMPANIES TO VERIFY SAME. IF EMPLOYMENT IS OBTAINED UNDER THIS APPLICATION, I WILL COMPLY WITH ALL POLICIES, RULES AND REGULATIONS OF THE COMPANY. I ALSO AUTHORIZE MY FORMER EMPLOYERS, AND EDUCATIONAL INSTITUTIONS TO GIVE ANY INFORMATION THEY MAY HAVE REGARDING ME WHETHER OR NOT IT IS ON THEIR RECORD. I HEREBY RELEASE THEM AND THEIR ORGANIZATIONS FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING SAME. IF UPON

INVESTIGATION, ANYTHING CONTAINED IN THIS APPLICATION IS FOUND TO BE UNTRUE, I UNDERSTAND I WILL BE SUBJECT TO DISMISSAL AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT. I UNDERSTAND THAT MY PRESENT EMPLOYER WILL NOT BE CONTACTED UNTIL I HAVE ACCEPTED AN EMPLOYMENT OFFER; OR UNLESS SO AUTHORIZED ON PAGE TWO OF THIS APPLICATION.

I UNDERSTAND THAT IF I AM EMPLOYED BY MILLENNIUM CONCEPTS, INC., MY EMPLOYMENT IS AT WILL AND MAY BE TERMINATED BY ME OR THE COMPANY AT ANY TIME WITH OR WITHOUT ANY REASON.

**CRIMINAL BACKGROUND CHECK DISCLOSURE STATEMENT**

IN CONNECTION WITH YOUR EMPLOYMENT APPLICATION OR YOUR ACTUAL EMPLOYMENT, **MILLENNIUM CONCEPTS, INC.** OR ITS AFFILIATES (THE "COMPANY") MAY OBTAIN A "CRIMINAL BACKGROUND REPORT" AND/OR AN "INVESTIGATIVE CRIMINAL BACKGROUND REPORT" ABOUT YOU FOR EMPLOYMENT PURPOSES. THE INFORMATION CONTAINED IN SUCH CRIMINAL BACKGROUND REPORTS MAY BE USED BY THE COMPANY FOR EMPLOYMENT PURPOSES, SUCH AS HIRING YOU. IF YOU ARE HIRED BY THE COMPANY, THE INFORMATION IN A CRIMINAL BACKGROUND REPORT AND/OR INVESTIGATIVE CRIMINAL BACKGROUND REPORT MAY BE USED FOR OTHER EMPLOYMENT PURPOSES, SUCH AS PROMOTION, RETENTION, AND TERMINATION.

A "CRIMINAL BACKGROUND REPORT" MAY CONTAIN THE FOLLOWING TYPES OF INFORMATION ABOUT YOU: CRIMINAL HISTORY INCLUDING FELONY FILINGS, MISDEMEANOR FILINGS, AND MOTOR VEHICLE RECORDS, ETC. AN "INVESTIGATIVE CRIMINAL BACKGROUND REPORT" IS BROADER AND SEEKS INFORMATION THAT BEARS ON YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING THAT IS COMPILED THROUGH THE USE OF PERSONAL INTERVIEWS WITH REFERENCES, EMPLOYERS, NEIGHBORS, FRIENDS, ASSOCIATES, ETC. IN ORDER TO BE USED FOR EMPLOYMENT PURPOSES. YOU HAVE A RIGHT TO REQUEST DISCLOSURE OF THE NATURE AND SCOPE OF THE REPORTS.

IF THE COMPANY OBTAINS A CRIMINAL BACKGROUND REPORT OR AN INVESTIGATIVE CRIMINAL BACKGROUND REPORT ABOUT YOU, AND IF THE COMPANY CONSIDERS ANY INFORMATION WHEN MAKING AN EMPLOYMENT DECISION THAT DIRECTLY AND ADVERSELY AFFECTS YOU, YOU WILL BE PROVIDED WITH A COPY OF THE APPLICABLE REPORTS BEFORE THE DECISION IS FINALIZED.

**AUTHORIZATION TO OBTAIN CRIMINAL BACKGROUND REPORTS**

I AUTHORIZE THE COMPANY TO OBTAIN CRIMINAL BACKGROUND REPORTS AND/OR INVESTIGATIVE CRIMINAL BACKGROUND REPORTS FOR THE PRE-EMPLOYMENT BACKGROUND INVESTIGATION, AND, IF I AM HIRED, AT ANY TIME DURING MY EMPLOYMENT. I UNDERSTAND THAT THESE REPORTS MIGHT INCLUDE, BUT ARE NOT LIMITED TO, A SEARCH OF MY CRIMINAL BACKGROUND, REFERENCE CHECKS, DRIVING RECORD CHECKS, AND VERIFICATION OF MY IDENTIFICATION AND SOCIAL SECURITY NUMBER. I AGREE THAT THIS DISCLOSURE/AUTHORIZATION, IN ORIGINAL OR COPY FORM, IS VALID FOR ALL CURRENT AND FUTURE CRIMINAL BACKGROUND REPORTS.

I UNDERSTAND THAT THE COMPANY MAY USE SUCH CRIMINAL BACKGROUND REPORTS FOR EMPLOYMENT PURPOSES, INCLUDING, BUT NOT LIMITED TO, HIRING, PROMOTION, RETENTION, AND TERMINATION.

WE APPRECIATE YOUR INTEREST IN MILLENNIUM CONCEPTS, INC. AND THE TIME YOU HAVE TAKEN TO PREPARE THIS APPLICATION.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**REMARKS**

WRITE ANY ADDITIONAL INFORMATION YOU THINK WE SHOULD KNOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR INTERNAL USE ONLY:**

REQUISITION DATE: \_\_\_\_\_

POSITION CONSIDERED FOR: \_\_\_\_\_

INTERVIEW SCHEDULING: \_\_\_\_\_

INTERVIEW DATE/TIME: \_\_\_\_\_

APPROVED BY HIRING MANAGER: (PRINT NAME) \_\_\_\_\_

APPROVED BY HUMAN RESOURCES: (PRINT NAME) \_\_\_\_\_