



# VERTICAL AEROSPACE

23800 S. 369<sup>th</sup> West Ave  
Bristow, OK 74010

www.GoVerticalAero.com

Tel: (918)561-5555  
Fax: (918)367-5585

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Other name(s) used: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ (hm) \_\_\_\_\_ (cell) SSN: \_\_\_\_\_ (optional)

Type of employment desired:  full-time  part-time  temporary

Position(s) applied for/type of work desired: \_\_\_\_\_

Date you will be available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements?  Yes  No

Do you have any objection to working overtime if necessary?  Yes  No

Can you travel if required by this position?  Yes  No

Have you ever been previously employed by our organization?  Yes  No

Can you submit proof of legal employment authorization and identity?  Yes  No

If you are under 18, can you furnish a work permit if it is required?  Yes  No

Have you been convicted of a crime (misdemeanor or felony) in the last 7 yrs?  Yes  No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

Drivers license number (if driving is an essential job duty): \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

# Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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**Educational History**

List school name and location, years completed, course of study, and any degrees earned:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

**Emergency Contact(s)**

Name: \_\_\_\_\_ Telephone#:: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**References**

List 3 references. Please include name, telephone number, and years known (do not include relatives or former/current employers):

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**AT WILL EMPLOYMENT:** I acknowledge that if hired, I am an at-will employee and I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to 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 also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE  
BOTTOM**

**NOTICE TO APPLICANT – Pre-Employment Drug Testing DOT/FAA**

DOT/FAA regulations require that an applicant for safety sensitive functions be notified that he/she will be tested for the presence of **marijuana, cocaine, phencyclidine (PCP), amphetamines, and opiates** (or a metabolite of these drugs) before performing **ANY** safety sensitive duties. If the applicant is offered a safety sensitive position, the applicant will have to submit to a pre-employment urine drug test and receive a verified negative drug test result before they can perform any safety sensitive duties.

Any testing will be conducted at the expense of Vertical Aerospace. If you decline, fail or refuse to submit to a pre-employment drug test, your application will be rejected for employment consideration for any safety sensitive position.

Additionally, upon being hired to perform safety sensitive duties, an employee will be subject to random drug and alcohol testing.

Have you ever failed a pre-employment drug test (i.e. the test results were positive for one or more drugs)?  Yes  No

If yes, give details, including employer name and address and date(s):

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I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I understand investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I have read, understand, and agree to the above statements.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_