



EMPLOYMENT APPLICATION FORM

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected class. The FAA requires our company to test for drugs and alcohol under certain job descriptions.

Name: _____ Today's Date: _____

Address: _____
(Street)

Address: _____
(City) (State) (Zip)

Telephone #: _____ Work #: _____

Dates of Residency: _____

Previous Address: _____

Dates of Residency: _____

Social Security #: _____ / _____ / _____ Driver License #: _____

Position Applied for: _____

In Case of Emergency, We should Notify:

Name: _____ Telephone #: _____

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

How were you referred to us? (If through an agency, please give the name):

Have you ever applied here before? Yes _____ No _____ Date _____

If you are offered employment, you will, as a condition of employment, be required to submit proof of your identity and legal right to work in the United States. Can you do so?

Yes _____ No _____

Have you been convicted of a felony? Yes _____ No _____

If yes, please explain the date, place, and disposition of the case. (A conviction will not necessarily disqualify you from the position applied for.)



EMPLOYMENT HISTORY

List present and past employment beginning with your most recent position.

From (mo./yr.): _____ Name of Company: _____
 To (mo./yr.): _____ Address: _____
 Starting Salary: \$ _____ City & State: _____
 Final Salary: \$ _____ Telephone: _____
 Weekly: _____ Monthly: _____ Supervisor: _____
 Position Title: _____

Duties performed: _____
 Reason for leaving: _____

From (mo./yr.): _____ Name of Company: _____
 To (mo./yr.): _____ Address: _____
 Starting Salary: \$ _____ City & State: _____
 Final Salary: \$ _____ Telephone: _____
 Weekly: _____ Monthly: _____ Supervisor: _____
 Position Title: _____

Duties performed: _____
 Reason for leaving: _____

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 To (mo./yr.): _____ Address: _____
 Starting Salary: \$ _____ City & State: _____
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 Weekly: _____ Monthly: _____ Supervisor: _____
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 Weekly: _____ Monthly: _____ Supervisor: _____
 Position Title: _____

Duties performed: _____
 Reason for leaving: _____



EDUCATION

High School:

Name & Address: _____

Course of Study: _____

Circle level completed: 9 10 11 12

College or University:

Name & Address: _____

Course of Study: _____

Last year in College: _____ Graduate: Yes _____ No _____

Degree received: _____

Other Education:

Are you presently attending school? Yes _____ No _____

Do you plan on attending school? Yes _____ No _____

Additional Aptitudes: _____

List licenses and/or certificates: _____

Special training or skills: _____

List business machines you have operated: _____

Please use the space below to list personal aptitudes and attitudes you feel would be of value:

Date Available: _____ Salary Desired: _____

For internal use only:

Position: _____ Department: _____

Hire Date: _____ Salary: _____



Please check column A, B, or C according to your experience with the following items.

	-A- Have working experience	-B- Just familiar	-C- No knowledge
Drill Press			
Table Saw			
Radial Arm Saw			
Band Saw			
Disc Sander			
Belt Sander			
Shear Press			
Wood Lathe			
Metal Lathe			
Milling Machine			
Router			
Bench Grinder			
Airless Paint Spray			
Arc Welder			
Drafting			
Read Blueprints			
Read Micrometer			
Read Scale in 1/64 th			
Plumbing Hook-up			
Electrical Wiring			
Sharpen Drill Bits			
Working with Wood			
Working with Epoxy			
Working with Aluminum			
Working with Steel			
Working with Plexiglas			
Working with Adhesive			
Model Making			
Furniture Making			
Sheet Metal			
Other			

Name: _____
 Phone: _____
 Date: _____