

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Official Use Only
Department
Location
Position
Job Group

Please Print

GENERAL INFORMATION

DATE _____

NAME _____
Last First Middle

Position or Type of Work Applying For: _____

Current Address: _____

Social Security No. _____ Home Phone No. _____

Current Work or Message Phone No. _____ Ext. _____

How did you learn about the Company (Recruiting Source-check item)

___ Advertisement: Name of Paper: _____

___ Employment Agency: Company Name: _____

___ Referral: Person's Name: _____

___ State Employment Service: _____ Walk-In _____ Other: _____

Salary or Wage Requesting: \$ _____ Per: _____ Hour _____ Week _____ Annual

Date Available for Employment: _____

Were you ever previously employed by this Company? ___ YES ___ NO

If Yes, give dates: ___/___/___ through ___/___/___

and Department: _____

Have you ever previously applied to this Company for employment? ___ YES ___ NO

List any relatives employed by this Company (indicate their relationship to you)

1. _____

2. _____

3. _____

Do you have reliable transportation for work? ___ YES ___ NO

Are you willing to work overtime when required? ___ YES ___ NO

Are you a U.S. citizen or have proper alien registration? ___ YES ___ NO

Are you over 18 year of age? ___ YES ___ NO

If not state your age: _____

Are you willing to work any shift assigned? ___ YES ___ NO

If not, what shift(s) are you available for? _____

WE ARE A DRUG FREE WORKPLACE

EDUCATION

Grade/High School 6 7 8 9 10 11 12 (Circle last grade completed)	Did you graduate? _____ YES _____ NO If no, have you passed a G.E.D. Test? _____ YES _____ NO			
College/Trade School(s) attended and location	Major Subject or Course	Credits Completed Total	Credits Completed In Major	Degree or Certificate

Subjects you did well in: _____

Subjects you struggled with: _____

Favorite school subjects: _____

Are you currently studying? _____ YES _____ NO WHERE? _____

Do you speak or write any foreign languages fluently? _____ YES _____ NO

Which language(s): Speak: _____

Write: _____

Typing speed: _____ Shorthand: _____

Office Equipment Used: _____

SECURITY

Due to Federal Aviation Administration regulations, employees with access to the ramp areas must be able to provide verifiable information concerning all periods of time during the last five (5) years. Are there any periods of time during the last five which are not verifiable through the Education or Work Experience sections of this applications? If yes, list below:

Dates: From ____/____/____ To ____/____/____ Explanations: _____

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Do you have security clearance? _____ YES _____ NO

Have you ever been refused security clearance? _____ YES _____ NO

Have you ever been convicted of a felony? _____ YES _____ NO

A conviction will not necessarily disqualify an applicant from employment.

If Yes, give complete details below:

Where Convicted	Date & Nature of Charge	Disposition

U.S. MILITARY SERVICE RECORD

Have you ever served in the U.S. military? YES NO
 (including National Guard and R.O.T.C.)

Date of Induction	Branch	Date of Discharge	Ending Rank	Brief Description of Skills Acquired

TECHNICAL QUALIFICATIONS/LICENSES

List below all applicable specific certifications/license held (i.e. type - rating, speciality qualifications, IA, A&P, etc.)

Date Received	Specific/Qualifications (include license number if applicable)	Expiration Date

EMPLOYMENT HISTORY

Give employment record as completely as possible, starting with your present or last employer including any unemployed, self-employed or military service. NOTE: All information must be completed on this application. Resumes are supplemental and do not substitute for this application.

A. Company Name & Address (Be Specific)	B. Supervisors Name & Phone	Employment Dates From To	Final Rate of Pay	JOB TITLE Brief Description/ Nature of Duties
A.				
B.		May we contact?		Reason For Leaving
A.				
B.		May we contact?		Reason For Leaving
A.				
B.		May we contact?		Reason For Leaving
A.				
B.		May we contact?		Reason For Leaving

SEE ADDENDUM

If currently employed, why do you want to change your position?

Have you informed your current employer of your intent? YES NO

MEDICAL

FAA Anti-drug regulations require us to ask about prior drug tests if you are an applicant for a job as an aircraft mechanic, painter, repairman or crew member. If you are, please answer the following.

Have you ever been involved in a Drug Testing Program? _____ YES _____ NO

If yes, Where: _____

When: _____

If yes, have you ever had a verified, confirmed positive drug test? _____ YES _____ NO

What was the outcome? _____

SPECIAL EMPLOYMENT NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:

If you are a Vietnam era veteran, a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to consider your application under our Affirmative Action programs. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

_____ Handicapped Individual _____ Disabled Veteran _____ Vietnam Era Veteran

Do you need reasonable accommodation to perform your duties? _____ YES _____ NO

If so, what type: _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision. I understand that this application is not and is not intended to be a contract of employment. If, in the judgement of the Company, any misrepresentation has been made by me herein or the results of such investigation are not satisfactory, any offer of employment made by the Company may be withdrawn, or my employment with the Company may be terminated immediately without any obligation or liability to me other than for payment at the rate agreed upon, for services actually rendered if I have been employed. I further understand that my employment with the Company will depend upon satisfactorily passing a pre-employment drug test and a physical examination by a Company designated physician. I also understand, that I am required to abide by all rules and regulations of the Company.

APPLICANT'S SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

FOR HUMAN RESOURCES DEPARTMENT USE ONLY				ATLANTIC
Interviews scheduled:				AVPORTS
Date	With Whom			Codes
Link to Requisitions:				
OFFER MADE				
Date: / /	Date Accepted/Rejected: / /	Start Date: / /	Pay Rate:	
Offer Not Made	Why			