

Aviation Facilities Incorporated Application for Employment

Date ___/___/___

Name: _____
Last First Middle

Address: _____
Street City State ZIP

Phone Number: (____) _____ Other Phone: (____) _____

Birth Date: _____

Driver License #: _____ Issuing State: _____ Expiration Date: _____

Position Desired

Qualifications and/or Ratings

- Flight Instructor _____
- Office _____
- Mechanic _____
- Line Service _____
- Other (Please Specify) _____

Education

Name	Location	Level Completed/Degree
High School:		
College:		
Other:		

Employment History (Last 5 Years)

Name	Position	Address	Phone	Dates
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Personal References

Name	Address	Phone	Relationship
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Days and Hours You Can Work? _____

When Can You Start? _____

Desired Salary? _____

Do You Have Any Disabilities That May Prevent You From Satisfactorily Performing The Job?

- No
- Yes (Please Explain)
