



## Aviation Facilities Incorporated Application for Employment

**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 Staff \_\_\_\_\_
- Mechanic \_\_\_\_\_
- Lineservice \_\_\_\_\_
- Other \_\_\_\_\_

### **Education**

<b>Name</b>	<b>Location</b>	<b>Level Completed/Degree</b>
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High School:	_____	_____
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College:	_____	_____
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Other:	_____	_____
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**Employment History (Last 5 Years)**

<b>Name</b>	<b>Position</b>	<b>Address</b>	<b>Phone</b>	<b>Dates</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Personal References**

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Relationship</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Days and Hours You Can Work? \_\_\_\_\_

When Can You Start? \_\_\_\_\_

Desired Pay \_\_\_\_\_

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

- No
- Yes (Please Explain) \_\_\_\_\_