



## Application For Employment

<b>Personal Data</b>	Last Name		First	Middle	Date
	Street Address				Home Phone ( )
	City, State, Zip				Bus. Phone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____				Social Security #
	Position Desired				Pay Expected
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the U.S.?		Do You have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		When will you be available to begin work?
	Other special training or skills (languages, machine operation etc.)				

<b>Education</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Personal History</b>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment will be subject to verification of age.	
	How long at present address? _____ Years	How long at previous address? _____ Years
	What was your previous address?	
	Have you ever failed a drug test for any of the following: Cocaine, Marijuana, Opiates, Amphetamine/Methamphetamine(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.	
	State names of relatives and friends working for us other than your spouse.	
	Have you ever received Workers Compensation or Disability Income Payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe:	
Do you have any physical defects which keep you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe limitation:		
Have you had a major illness in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please describe:		

# Employment

Please give as complete and accurate an account as possible of your previous employment; begin with your most recent (or present) employer.

One	Company Name	Telephone (    )
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly Pay (Gross) Starting                      Ending
	State Job Title and Describe Your Work	Reason for Leaving

Two	Company Name	Telephone (    )
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly Pay (Gross) Starting                      Ending
	State Job Title and Describe Your Work	Reason for Leaving

Three	Company Name	Telephone (    )
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly Pay (Gross) Starting                      Ending
	State Job Title and Describe Your Work	Reason for Leaving

Four	Company Name	Telephone (    )
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly Pay (Gross) Starting                      Ending
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	<b>Do Not Contact</b>
	Employer Number(s) _____ Reason _____ _____ _____

<b>Military</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
	Describe any training received which may be relevant to the position for which you are applying:	

The information provided to Airforce Turbine Service (ATS) in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of any offer of employment does not create a contract or obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature