

SKYPORT AVIATION

Applicant Information

Full Name:						Date:			
<i>Last</i>			<i>First</i>			<i>M.I.</i>			
Address:									
<i>Street Address</i>					<i>Apartment/Unit #</i>				
<i>City</i>					<i>State</i>		<i>Postal Code</i>		
Phone:	()			E-mail Address:					
Date Available:			Social Sec. No.:				Desired Salary:		\$
Position Applied for:									
Are you a United States citizen?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.A?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a crime?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If yes, explain:									

Education

High School:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma:		
College/University:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:				Address:					
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

References

<i>Please list three professional references.</i>									
Full Name:				Relationship:					
Company:				Phone:		()			
Address:									
Full Name:				Relationship:					
Company:				Phone:		()			
Address:									

Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			

From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			

From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:		Phone:	()
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			

From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military History

HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes	OR	<input type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes	OR	<input type="checkbox"/> No
Specialty:			
Date Entered:	Date Discharged:		

Driver's License

DO YOU HAVE A DRIVER'S LICENSE?	<input type="checkbox"/> Yes	OR	<input type="checkbox"/> No
What is your means of transportation to work?			
Driver's License Number:	State of Issue:		
<input type="checkbox"/> Operator <input type="checkbox"/> Commercial(CDL) <input type="checkbox"/> Chauffeur			
Have you had any accidents during the past 3 years?	How many:		
Have you had any moving violations during the past 3 years?	How many:		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:		Date:	
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