



AIR AMERICA FLIGHT CENTER LLC

Application for Employment

PERSONAL INFORMATION (PLS PRINT)

FULL LEGAL NAME: _____

Last

First

Middle

PERMANENT ADDRESS: _____

Number

Street

Apartment #

City

State

ZIP

PHONE: _____

Primary Phone

Alternate Phone

EMAIL ADDRESS: _____

NAME AND PHONE NUMBER OF PERSON WHO WOULD TAKE A MESSAGE IF WE ARE OTHERWISE UNABLE TO CONTACT YOU: _____

JOB INFORMATION

POSITION APPLIED FOR: _____ DEPARTMENT: _____

DATE AVAILABLE FOR EMPLOYMENT: _____ SALARY DESIRED: _____

WHAT EMPLOYMENT ARE YOU CURRENTLY SEEKING?

Regular Part Time	Regular Full Time	Temporary
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ARE YOU AT LEAST 18 YEARS OF AGE? YES _____ NO: _____

EDUCATIONAL RECORD

HIGH SCHOOL OR G.E.D.:

School Name, City/State/ZIP	9 / 10 / 11 / 12	Certificate or Diploma
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COLLEGE UNIVERSITY:

College/University, City/State/ZIP	1 / 2 / 3 / 4	Certificate or Diploma
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GRADUATE SCHOOL:

College/University, City/State/ZIP	Certificate or Diploma
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TECHNICAL SCHOOL OR OTHER SPECIAL SCHOOL:

School Name, City/State/ZIP	Certificate or Diploma
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GENERAL INFORMATION

HAVE YOU EVER BEEN SUSPENDED OR DISCHARGED FROM A POSITION?

YES NO If yes, please explain

ARE YOU PRESENTLY USING OR INVOLVED IN THE MANUFACTURING OR DISTRIBUTION OF ILLEGAL DRUGS?

YES

NO

HAVE YOU EVER BEEN EMPLOYED BY AAFC? YES _____ NO _____. IF YES, PLEASE GIVE DATES OF EMPLOYMENT AND DEPARTMENTS: _____

ARE YOU RELATED TO ANYONE EMPLOYED BY AAFC? YES _____ NO _____ IF YES, PLEASE GIVE EMPLOYEE'S NAME _____

WHAT SOURCE REFERRED YOU TO AAFC? (PLEASE BE SPECIFIC)

CURRENT/FORMER EMPLOYEE _____ ONLINE JOB AD _____ PRINT JOB AD _____
BULLETIN BOARDS JOB AD _____ WALK IN _____ TEMP TO HIRE _____ OTHERS _____

PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT. ARE YOU ELIGIBLE TO WORK IN THE U.S.?

YES

NO

EMPLOYMENT RECORD

BEGINNING WITH YOUR PRESENT (OR LAST) EMPLOYER, LIST ALL PREVIOUS EMPLOYMENT, INCLUDING MILITARY SERVICE.

NAME OF EMPLOYER: _____

ADDRESS: _____

TYPE OF BUSINESS: _____

NAME OF IMMEDIATE SUPERVISOR: _____

SUPERVISOR'S TITLE AND PHONE NUMBER: _____

TITLE OF YOUR POSITION: _____

REASON FOR LEAVING: _____

DATES FROM: _____ TO: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

NAME OF EMPLOYER: _____

ADDRESS: _____

TYPE OF BUSINESS: _____

NAME OF IMMEDIATE SUPERVISOR: _____

SUPERVISOR'S TITLE AND PHONE NUMBER: _____

TITLE OF YOUR POSITION: _____

REASON FOR LEAVING: _____

DATES FROM: _____ TO: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

NAME OF EMPLOYER: _____

ADDRESS: _____

TYPE OF BUSINESS: _____

NAME OF IMMEDIATE SUPERVISOR: _____

SUPERVISOR'S TITLE AND PHONE NUMBER: _____

TITLE OF YOUR POSITION: _____

REASON FOR LEAVING: _____

DATES FROM: _____ TO: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

JOB RELATED SKILLS

TYPING SPEED (IF APPLYING FOR CLERICAL JOB): _____

FOREGIN LANGUAGE SKILLS: _____

PLEASE LIST COMPUTER / WORD PROCESSING SKILLS:

WORD PROCESSING: _____

SPREADSHEETS: _____

DATABASES / GRAPHICS: _____

PROGRAMMING LANGUAGES: _____

WHAT ARE YOUR IMMEDIATE CAREER GOALS? _____

PLEASE EXPLAIN BRIEFLY WHY YOU ARE APPLYING FOR THIS POSITION: _____

WHY DO YOU FEEL QUALIFIED FOR THIS POSITION? _____

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMODATIONS? _____

REFERENCES

LIST THREE REFERENCES THAT WHO ARE NOT RELATED TO YOU:

NAME: _____

ADDRESS: _____

PRIMARY PHONE: _____ RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PRIMARY PHONE: _____ RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PRIMARY PHONE: _____ RELATIONSHIP: _____

I UNDERSTAND THAT ANY MISREPRESENTATIONS, MATERIAL OMISSIONS, OR FALSIFICATIONS OF INFORMATION ON THIS FORM MAY BE CAUSE FOR IMMEDIATE TERMINATION BY AIR AMERICA FLIGHT CENTER LLC AT THE TIME OF DISCOVERY. I UNDERSTAND THAT IF I ACCEPT A POSITION WITH AIR AMERICA FLIGHT CENTER LLC, I MUST ABIDE BY ITS RULES AND REGULATIONS.

NAME (PRINTED)

DATE

SIGNATURE