



MAINLINE AVIATION EMPLOYMENT APPLICATION

FULL NAME: _____ DATE: _____

ADDRESS: _____
Street Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES WITHOUT SPONSORSHIP, NOW OR IN THE FUTURE? YES NO

WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS?

YES NO

HAVE YOU EVER WORKED FOR MAINLINE AVIATION SERVICES? *YES NO?

*IF YES, WRITE THE START AND END DATES: _____

DO YOU HAVE ANY FAMILY MEMBERS THAT WORK FOR MAINLINE AVIATION SERVICES? *YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANEROR IN THE PAST 10 YEARS? YES NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____ OTHER: _____

CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Street

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

From: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

ADA*

I HAVE A DISABILITY OR HAVE A HISTORY/RECORD OF HAVING A DISABILITY. YES NO

I DO NOT WISH TO ANSWER THE QUESTION

*Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

BACKGROUND CHECK CONSENT

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER: Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. To ensure this application is acceptable, please print with the application being fully completed for it to be considered.

Please complete each section.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____

EMAIL ADDRESS _____