



**PACIFIC AIR
MECHANICAL SERVICES**

***Instructions:* Print clearly in black or blue ink. Answer all questions. Sign and date the form.**

Personal Information

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: (____) _____

Email Address: _____

Have you ever applied to / worked for [Our Company] before? Y or N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for [Our Company]? Y or N

If yes, state name & relationship: _____

If hired, would you have transportation to/from work? Y or N

Are you over the age of 18? Y or N

If you are under the age of 18, do you have an employment/age certificate? Y or N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Y or N

Have you been convicted of or pleaded no contest to a felony within the last five years? Y or N

If yes, please describe the crime - state the nature of the crime(s), when and where convicted, and the disposition (final settlement) of the case: _____

If hired, are you willing to submit to a controlled substance test? Y or N

Position and Availability

Position Applying For: _____

Desired Salary: \$_____

Are you applying for:

- Temporary work – such as summer or holiday work? Y or N
- Regular part-time work? Y or N
- Regular full-time work? Y or N

If applying for temporary work, indicate your desired length of employment below:

Start date: ___ / ___ / ___ End date: ___ / ___ / ___

Days/Hours Available

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

Hours Available: from _____ to _____

Are you available to work overtime? Y or N

If hired, on what date can you start working? ___ / ___ / ___

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? Y or N

If no, describe the functions that cannot be performed:

Education, Training and Experience

High School:

School Name: _____

School Address: _____

School City, State, Zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / Diploma earned: _____

College / University:

School Name: _____
School Address: _____
School City, State, Zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / Diploma Earned: _____

Vocational School:

School Name: _____
School Address: _____
School City, State, Zip: _____

Number of years completed: _____
Did you graduate? [] Y or [] N
Degree / Diploma earned: _____

Military:

Branch: _____
Rank in Military: _____
Total Years of Service: _____
Skills/Duties: _____
Related Details: _____

Skills and Qualifications: Licenses, Skills, Training, Awards

Do you speak, write or understand any foreign languages? [] Y or [] N

If yes, list which language(s) and how fluent you consider yourself to be: _____

Employment History

You should be prepared to detail each position for the past five years and account for any gaps in employment during that period.

Are you currently employed? [] Y or [] N

If you are currently employed, may we contact your current employer? [] Y or [] N

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____
Position & Duties: _____
Reason for Leaving: _____

Name of Employer: _____
Name of Supervisor: _____

Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____
Position & Duties: _____
Reason for Leaving: _____

May we contact this employer for references? Y or N

Name of Employer: _____
Name of Supervisor: _____
Telephone Number: _____
Business Type: _____
Address: _____
City, State, Zip: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____
Position & Duties: _____
Reason for Leaving: _____

May we contact this employer for references? Y or N

References

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only.

First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

First and Last Name: _____
Telephone Number: _____
Email Address: _____
Address: _____
City, state, zip: _____
Occupation: _____
Number of Years Acquainted: _____

First and Last Name: _____

Telephone Number: _____

Email Address: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Certification

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above.

Signature: _____ Date: _____