



SNOHOMISH FLYING SERVICE

APPLICATION FOR EMPLOYMENT

9900 AIRPORT WAY SNOHOMISH, WA 98296

PHONE: (360) 568-1541 Ext 222 FAX: (360) 568-6034

HRD@Harveyfield.com

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH	DATE OF APPLICATION
LAST NAME	FIRST NAME	MIDDLE NAME (IN FULL)	TELEPHONE NUMBER
			()
PRESENT ADDRESS (NUMBER AND STREET)			
CITY	STATE	ZIP	IF YOU ARE NOT A U.S. CITIZEN, PLEASE INDICATE YOUR AUTHORIZATION FOR

EMPLOYMENT DESIRED

DATE YOU CAN START	SALARY DESIRED	POSITION DESIRED	CURRENT EMPLOYER	PHONE NUMBER
MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO			ARE YOU WILLING TO COMMUTE? _____ YES _____ NO	
SUPERVISOR NAME: _____				
HAVE YOU PREVIOUSLY APPLIED AT HARVEY'S? _____ YES _____ NO		WERE YOU PREVIOUSLY EMPLOYED AT HARVEY'S? _____ YES _____ NO		
IF YES, WHEN? _____		IF YES, WHEN? _____		
		WHAT POSITION? _____		

PREVIOUS EMPLOYMENT

PLEASE LIST YOUR MOST RECENT EMPLOYER FIRST				
	NAME AND PHONE NUMBER	POSITION/ SUPERVISOR NAME	SALARY	REASON FOR LEAVING
1.	FROM: _____ TO: _____			
2.	FROM: _____ TO: _____			
3.	FROM: _____ TO: _____			
4.	FROM: _____ TO: _____			

EDUCATIONAL HISTORY

SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATION DATE	MAJOR AREA OF STUDY
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				
OTHER EDUCATIONAL OR TRAINING				

PERSONAL REFERENCES

LIST THREE NON-RELATIVES WHOM YOU HAVE KNOWN FOR AT LEAST TWO YEARS.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP	YEARS KNOWN

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. **** Include a resume with your submittal, and when applying for a Pilot/Instructor position, please include your flight experience.***

THESE AREA FOR OFFICE USE ONLY

INTERVIEWED BY: _____		INTERVIEW DATE: _____		
REMARKS: _____ _____ _____				
NEATNESS:	PERSONALITY:	SPECIAL SKILLS:	LIMITATIONS:	
DATE OF HIRE:	DIVISION:	POSITION:	STARTING DATE:	SALARY OR WAGE:
APPROVED BY: _____		EMPLOYMENT MANAGER: _____	SUPERVISOR: _____	

CRIMINAL RECORD HISTORY

Have you ever been convicted of a crime?

Yes No (Note: Do not list any convictions that occurred more than 10 years prior to the date of this application)

If yes, what was (were) the offense(s)?

Date(s) and place(s) of conviction:

A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense and rehabilitation will be taken into account.

WORK ELIGIBILITY: If hired, can you provide proof that you are a citizen or national of the United States of America, a lawful permanent resident or an alien authorized to work in this country?

Yes No (Proof of employment authorization status will be required if you are hired.)

CERTIFICATION AND AUTHORIZATION

I certify that the information contained in this application is true and complete to the best of my knowledge, and understand that, if employed, false statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. If I am employed by the company, I understand that my employment is not for any particular length of time and may be terminated either by the company or by me at any time with or without cause or notice.

SIGNATURE: _____ DATE: _____

Background Check

As part of the employment application process, the company will request a criminal background check through the Washington State Patrol criminal history database. Please complete the following request for information and return this with your employment application.

Please Print Information Clearly and Legibly — Provide Your Full Legal Name

_____	_____	_____	____ ____ ____ ____
First Name	Middle Name	Last Name	Today's Date (MM-DD-YY)
_____			____ ____ ____ ____
Current Street Address			Date of Birth (MM-DD-YY) [for ID]
_____			_____
City, State, ZIP			How Long?
_____			_____
Signature			Date: