



SNOHOMISH FLYING SERVICE

APPLICATION FOR EMPLOYMENT

9900 AIRPORT WAY SNOHOMISH, WA 98296

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

HRD@Snohomishflying.com

PERSONAL INFORMATION

LAST NAME		FIRST NAME	MIDDLE NAME (IN FULL)
DATE OF APPLICATION	PLACE OF BIRTH	DATE OF BIRTH	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? _____		WHAT POSITION? _____		

PREVIOUS EMPLOYMENT

PLEASE LIST YOUR MOST RECENT EMPLOYER FIRST			
	NAME AND PHONE NUMBER	POSITION/SUPERVISOR NAME	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.***

SIGNATURE

DATE

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: