

We consider applicants for all positions without regard to race, color; religion, creed, gender; national origin, age, disability, marital or veteran status, or any other legally protected status.

Personal Information

Last Name		First Name		Middle Name	
Permanent Address <i>Street</i>		City	State	Zip	
Telephone Number	Cell Number	Social Security No.	Email Address		

Employment Desired

Position(s) Applied For	Date of Application
1.) Are you currently employed.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) May we contact your present employer?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.) Have you ever applied to this company before?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.) Do any of your friends or relatives, other than spouse, work here?..... <i>If so, who referred you? _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.) Are legally able to work in the United States?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.) Are you currently on "lay-off" status and subject to recall?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.) Availability to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp	
8.) Date Available for work: _____ / _____ / _____	9.) What is your desired salary range? _____

Education & Training

Education	Name & Location of School	# of Years Attended	Subjects Studied
High School			
College			
Flight, Ag, Business, or Correspondence School			
Additional Training			

Past Employment

Dates Employed <i>(Month & Year)</i>	Name & Address of Employer	Telephone No.	Ending Salary	Position	Reason for Leaving
From: To:					
From: To:					
From: To:					
From: To:					
From: To:					

Professional References (Should include past/present supervisors, coworkers, instructors)

Name	Relationship	Phone Number	Best Time to Reach

Pilot Information

Pilot Certificate #: _____

FAA Certificates	Year Obtained
<input type="checkbox"/> Commercial	
<input type="checkbox"/> ATP	
<input type="checkbox"/> Flight Instructor	
<input type="checkbox"/> A&P	
<input type="checkbox"/> IA	

FAA Ratings/Endorsements	Year Obtained
<input type="checkbox"/> High Altitude Endorsement	
<input type="checkbox"/> NVG CHECKOUT	
Type Ratings:	

Date of last medical: _____

Date Biennial Flight Review is due: _____

Do you have a valid passport? Yes No if "No", application process must begin.

Aircraft Make/Model	PIC Hours	Total Hours	Total Last 12 Months	Total Instrument	Total Night
King Air 90					
King Air 100					
King Air 200					
DHC-8					
DC-9					
Other Multi					
All Single					
Totals					

Total Aerial Application Hours: _____	Total Aerial Application Seasons: _____
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- 1.) As a Pilot have you had any aircraft accidents/incidents?..... Yes No
- 2.) As Pilot have you been found guilty of any Federal Air Regulations or Violations?..... Yes No
- 3.) Has your automobile driver's license ever been suspended or revoked?..... Yes No
- 4.) Have you ever been arrested for operating an automobile while under the influence of alcohol or drugs?..... Yes No
- 5.) Have you had any automobile accidents within the last five years?..... Yes No

Please explain fully any YES answers:

APPLICANT'S STATEMENT

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature

Date