

# Teton Aviation Center

An Equal Opportunity Employer

## Application for Employment

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Current Address: \_\_\_\_\_ Email: \_\_\_\_\_

Street City State Zip Code

Are you 18 years or older? Yes \_\_\_ No \_\_\_ If under 18 years of age, please state your age \_\_\_\_\_

### Desired Employment

Position(s) applying for: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Wage Desired: \_\_\_\_\_ Maximum hours per week: \_\_\_\_\_

### Availability: (Please check the days that you are available)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

\_\_\_\_\_

### Education:

High School: \_\_\_\_\_ Major \_\_\_\_\_ Graduate? \_\_\_\_\_

Name Location

College: \_\_\_\_\_ Major: \_\_\_\_\_ Currently Attending? \_\_\_\_\_

Name Location

Special Skills/Training: \_\_\_\_\_

### Former Employers (please list the most recent one first)

1. Name: \_\_\_\_\_ Location \_\_\_\_\_ Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Emp: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

2. Name: \_\_\_\_\_ Location \_\_\_\_\_ Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Emp: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

3. Name: \_\_\_\_\_ Location \_\_\_\_\_ Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Emp: \_\_\_\_\_ Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

### References:

1. \_\_\_\_\_

Name Address Phone # Relationship Yrs. Acquainted

2. \_\_\_\_\_

Name Address Phone # Relationship Yrs. Acquainted

3. \_\_\_\_\_

Name Address Phone # Relationship Yrs. Acquainted

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain \_\_\_\_\_

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I understand that the employer follows an employment at will policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_