

# Employment Application

|   |                         |  |   |          |                                 |          |
|---|-------------------------|--|---|----------|---------------------------------|----------|
| <b>Last Name</b>  | <b>First Name</b>       | <b>M.I.</b>                              | <b>Date of Application</b>                      |          |                                 |          |
| Mailing address   |                         |  |   |          | Day Phone Number (home or cell) |          |
| City  | State                   | Zip                                      | Evening Phone Number (home or cell)             |          |                                 |          |
| Email Address:  | Social Security Number: | Other names which you have worked under: |   |          |                                 |          |
| <b>Position Applying For:</b>   |                         |  | <b>Years of experience in this type of work</b> |          |                                 |          |
| Minimum Acceptable Salary   |                         |  | Date available to start work                    |          |                                 |          |
| \$ _____ per  |                         |  |   |          |                                 |          |
| Can you perform all of the essential functions of the position, with or without reasonable accommodation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                         |  |   |          |                                 |          |
| Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                         |  |   |          |                                 |          |
| What schedule are you available to work:  |                         |  |   |          |                                 |          |
| Sunday  | Monday                  | Tuesday                                  | Wednesday                                       | Thursday | Friday                          | Saturday |
| From:   |                         |  |   |          |                                 |          |
| To:   |                         |  |   |          |                                 |          |

## EDUCATION

Diploma/Certificate Received:  
 High School Diploma       Certificate of Attendance       G.E.D. (General Equivalency Diploma)

High School:

| Name & Address of Post Secondary School(s)      | Subject | Degree/Certificate |
|---|---------|--------------------|
| College, University or other Training/Education |         |                    |
| College, University or other Training/Education |         |                    |

Do you have any other job-related skills, special qualifications, professional licenses, or professional training required for the position?

Do you type?  Yes  No      Words per minute \_\_\_\_\_

10-key by touch?  Yes  No      KSPM: \_\_\_\_\_

State computer applications you have worked with:

Skill Level:  Beginning     Intermediate     Advance

If required for the job, do you have a valid Alaska driver's license?  Yes  No

**How did you hear about the job you are applying for:**

Internet       Ad: \_\_\_\_\_       Employee Referral: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please attach resume if available.

This section must be completed-do not list "see resume" except for job duties.

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>MOST RECENT or Current Employer's Name</b> |  | TELEPHONE                          |  |
| ADDRESS                                       |  | EMPLOYED (Month & Year)<br>FROM TO |  |
| LAST JOB TITLE                                |  | RATE OF PAY:<br>STARTING ENDING    |  |
| DESCRIBE YOUR JOB DUTIES:                     |  |                                    |  |
| REASON FOR LEAVING                            |  | SUPERVISOR'S NAME:                 |  |
| <b>EMPLOYER'S NAME</b>                        |  |                                    |  |
| ADDRESS                                       |  | TELEPHONE                          |  |
| LAST JOB TITLE                                |  | EMPLOYED (Month & Year)<br>FROM TO |  |
| DESCRIBE YOUR JOB DUTIES:                     |  | RATE OF PAY:<br>STARTING ENDING    |  |
| REASON FOR LEAVING                            |  | SUPERVISOR'S NAME:                 |  |
| <b>EMPLOYER'S NAME</b>                        |  |                                    |  |
| ADDRESS                                       |  | TELEPHONE                          |  |
| LAST JOB TITLE                                |  | EMPLOYED (Month & Year)<br>FROM TO |  |
| DESCRIBE YOUR JOB DUTIES:                     |  | RATE OF PAY:<br>STARTING ENDING    |  |
| REASON FOR LEAVING                            |  | SUPERVISOR'S NAME:                 |  |

## REFERENCES

| PROFESSIONAL REFERENCES<br>NAME | OCCUPATION | YEARS<br>KNOWN | DAY TIME PHONE NUMBER |
|---------------------------------|------------|----------------|-----------------------|
|                                 |            |                |                       |
|                                 |            |                |                       |
|                                 |            |                |                       |

Reference checks may include verifying employment with your current employer unless you indicate otherwise:  No, do not contact my current employer: Reason:

**EMPLOYMENT**-Have you ever been fired, dismissed, forced to resign or resigned in lieu of termination of employment?

No  Yes If yes, please explain:

Have you ever been employed by Rust's Flying Service or K2 Aviation?  Yes  No

| If yes, in what position? | When? | Reason for Leaving? | Where? |
|---------------------------|-------|---------------------|--------|
|                           |       |                     |        |

Supervisor's Name, Title and Phone Number:

## CRIMINAL HISTORY

**A conviction is not an automatic bar from employment with Rust Flying Service.** Failure to complete this section may result in your application being rejected. Omission of any information may result in your application being rejected or may be grounds for termination if hired.

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you ever plead no contest or have been convicted of a <b>Felony</b> ?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nature of Offense   | Disposition                  | Date                        |
|   |                              | Location                    |
| Have you ever plead no contest or have been convicted of a <b>Misdemeanor</b> ?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nature of Offense   | Disposition                  | Date                        |
|   |                              | Location                    |
| Have you ever plead no contest or have been convicted of a <b>Traffic Violation</b> ? (Required for positions that require drivers license) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nature of Offense   | Disposition                  | Date                        |
|   |                              | Location                    |

**If you answered "yes" to any of the above questions please PROVIDE DETAILED INFORMATION about the convictions.** (Use additional sheets if necessary)

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am hired, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |