

# APPLICATION FOR EMPLOYMENT

## AIRLANCO

PO BOX 398 FALLS CITY, NE 68355

PHONE NO. (402) 245-2325 FAX NO. (402) 245-5196

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions, without regard to race, color, religion, gender, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

**(APPLICANT TO COMPLETE ALL INFORMATION REQUESTED AND PLEASE PRINT)**

Position(s) Applied for	Date of Application
-------------------------	---------------------

How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
-----------	------------	-------------

Address	Street	City	State	Zip Code
---------	--------	------	-------	----------

Telephone Number(s)	Social Security Number
---------------------	------------------------

Do you have a legal status to be employed in the United States?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever been employed with us before?  Yes  No

If Yes, give Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Are you currently employed?  Yes  No

If not, when was your last day employed \_\_\_\_\_

May we contact your present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

**AIRLANCO IS AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

	Name & Address of School	Course or Major	Did you Graduate?	Diploma or Degree
College and/or Graduate School				
Technical School				
High School				
Other (Specify)				

## SPECIAL SKILLS

Check Skills/List any Equipment Operated

___ Word Processing (WPM _____)	___ Data Entry
___ 10-Key Calculator	___ Microsoft Word
	___ Microsoft Excel
___ Manufacturing Equipment: _____	
___ Software Packages: _____	
___ Programming Languages: _____	
___ Database: _____	
___ Other: _____	

## ADDITIONAL INFORMATION

Indicate foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills or any job-related training


List any professional, trade, business, civic or any extra-curricular activities

Please exclude anything that may reveal gender, race, religion, national origin, age, disability or other protected status.


# EMPLOYMENT EXPERIENCE Please list most recent employer first

1.	Employer	Dates Employed		Duties/Responsibilities (top 3)
		From	To	
	Address			1
		Hourly Rate/Salary		2.
		Starting	Final	3.
	Telephone Number(s)			Type of Business
	Job Title	Supervisor		
Reason for Leaving				
2.	Employer	Dates Employed		Duties/Responsibilities (top 3)
		From	To	
	Address			1
		Hourly Rate/Salary		2.
		Starting	Final	3.
	Telephone Number(s)			Type of Business
	Job Title	Supervisor		
Reason for Leaving				
3.	Employer	Dates Employed		Duties/Responsibilities (top 3)
		From	To	
	Address			1
		Hourly Rate/Salary		2.
		Starting	Final	3.
	Telephone Number(s)			Type of Business
	Job Title	Supervisor		
Reason for Leaving				
4.	Employer	Dates Employed		Duties/Responsibilities (top 3)
		From	To	
	Address			1
		Hourly Rate/Salary		2.
		Starting	Final	3.
	Telephone Number(s)			Type of Business
	Job Title	Supervisor		
Reason for Leaving				
5.	Employer	Dates Employed		Duties/Responsibilities (top 3)
		From	To	
	Address			1
		Hourly Rate/Salary		2.
		Starting	Final	3.
	Telephone Number(s)			Type of Business
	Job Title	Supervisor		
Reason for Leaving				

# WORK REFERENCES

1.	Name	Years Known	Relationship and Title	
	Company			
	Work Address	City	State	Home Phone
2.	Name	Years Known	Relationship and Title	
	Company			
	Work Address	City	State	Home Phone
3.	Name	Years Known	Relationship and Title	
	Company			
	Work Address	City	State	Home Phone
4.	Name	Years Known	Relationship and Title	
	Company			
	Work Address	City	State	Home Phone

## APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not. I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it will be conditioned on the results of a physical examination and drug screen.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date